



# NURSES IN PUBLIC HEALTH

DIVISION OF NURSING

in cooperation with the

Association of State and Territorial Directors of Nursing

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
Public Health Service—National Institutes of Health  
Bureau of Health Professions Education and Manpower Training  
Bethesda, Maryland 20014

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*Washington: 1969*

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## **NURSES INCLUDED IN THE CENSUS**

- Registered and licensed practical nurses employed for public health nursing functions on January 1, 1968 by:
  - National agencies
  - State and local, official and nonofficial agencies
  - Boards of education
  - Hospital-based home care programs
  - Other community-based programs providing nursing services to persons outside of hospitals and other institutions
- Nurse faculty employed to teach public health in baccalaureate and graduate schools of nursing and in schools of public health

## **NURSES NOT INCLUDED IN THE CENSUS**

- Registered and licensed practical nurses employed for other than public health nursing functions by the national, State and local agencies listed above
- Nurse faculty in colleges, universities, and other schools of nursing except as indicated above
- Nurses employed by industries
- Students receiving public health nursing field experience with State or local agencies
- Nurses on educational leave on January 1, 1968.



# INTRODUCTION

THE EARLIEST known count of public health nurses in the United States was reported by Harriett Fulmer at the International Congress of Nurses in Buffalo, New York, in 1901. At that time there were 58 public health nursing organizations employing about 130 nurses. In 1912, Mary Gardner found that approximately 3,000 nurses were engaged in what we now call public health nursing. From 1916 to 1931 periodic enumerations of public health nursing agencies and the nurses they employed were recorded by the Statistical Department of the National Organization for Public Health Nursing. (1) Since 1937, the State Directors of Public Health Nursing and the Division of Nursing, U.S. Public Health Service, have systematically collected and compiled data about numbers and educational preparation of nurses employed for public health work in the United States. These data were reported annually from 1937 through 1953, then in 1955 and 1957, and biennially since 1960. Puerto Rico has been included in the count since 1942, the Virgin Islands since 1944, and Guam since 1964.

Within the past several years there have been rapid changes in the patterns of delivery of community health services and in the types of personnel providing these services. In order to document the concomitant effects on public health nursing, changes have also been made in the type of agencies included and characteristics of personnel reported in the survey. For example, due to the development of hospital programs for post-hospital care of patients in their homes, the Census of Nurses in Public Health was broadened in 1964 to include nurses employed in hospital-based home care programs. The early pattern of including only professional nurse staff has been altered and augmented by the addition of other professional disciplines and auxiliary nursing personnel. The survey in 1968, like the one in 1966, was conducted simultaneously with the survey of agencies providing nursing care of the sick at home, in order to permit some analysis of correlated attributes of the agencies and their nursing personnel.

The organization of data on educational preparation for this report is a departure from that of previous surveys in which public health nursing preparation and academic achievement were analyzed independently. This approach did not permit the differentiation of nurses who had both a degree and public health preparation from those with only one of these qualifications. In order to achieve an unduplicated count and to be able to compare

the different groups, data regarding the educational preparation of nurses in public health have been organized into mutually exclusive categories in this report.

Although all the tabulations and analyses of the survey data have been carried out by the Division of Nursing, many individuals and organizations contributed information to make the enumeration as complete as possible. Directors of Nursing of State Health Departments made the necessary arrangements with persons within their State and with local health agencies to have the survey data appropriately reported. In three States the essential information on school nursing personnel was secured directly through the State Board of Education. When verification of the data was necessary it was cleared either directly with the Director of Nursing of the appropriate State Health Department or through the Public Health Service Regional Nursing Consultant. The number and educational qualifications of public health nursing faculty and baccalaureate and graduate schools of nursing were furnished by the National League for Nursing. Therefore, this census of nurses, as in previous years, represents the joint efforts of numerous providers of public health nursing services. It is hoped that this compilation and analyses of the data will be of benefit to them and, by suggesting factors which may inhibit effective care, point out ways for benefiting the communities served by public health nurses as well.

In this report an attempt has been made to analyze the survey findings in detail, to examine the inter-relationships of the variables, and to draw inferences for further consideration and study. It is hoped that administrators of State and local public health services will find this analytical approach a useful model for examining census data for their own communities.

Section I presents an overall summary of the survey findings. Section II analyzes trends in public health nursing manpower in the United States over a period of 30 years. This was possible since comparable information has been collected since 1937. Sections III and IV describe the numbers, types, and other pertinent characteristics of National, State, and local agencies employing nurses for public health. Section V focuses entirely on the attributes of nurses in State and local public health programs. It describes the differences in public health nursing groups among States, including population coverage, guidance and supervision of staff, and the educational preparation of full- and part-time nursing personnel in various types of positions and agencies.

The year 1970 will be a crossroads in time; the decennial census of the United States will provide more current descriptions of the populations requiring public health services. The community center concept indicates a need for more comprehensive analysis of all the health services available to people in different communities, to various organizations within the communities, and to families and individuals who experience the specific problems and effects of public health. Future enumerations of public health personnel and resources are expected to encompass a broader spectrum of health workers and a greater depth in the scope and dimensions of community health services than ever before.

# I. NURSING PERSONNEL EMPLOYED IN PUBLIC HEALTH

ON JANUARY 1, 1968, there were 9,995 national, State, and local health agencies—including 191 baccalaureate schools of nursing and graduate educational programs—employing nurses for public health. These agencies, representing all those in the United States, Puerto Rico, Guam, and the Virgin Islands that were included in the census, employed over 50,000 registered nurses and licensed practical nurses for public health work. Of all agencies reported, local official health agencies ranked as the largest employers of public health nursing staff, encompassing over 19,000 nurses or 39 percent of all those in public health. Boards of education represented the largest number of employing agencies (61 percent) and accounted for 37 percent of all public health nursing personnel. Voluntary nonofficial agencies, made up primarily of visiting nurse associations, were

the third most numerous agencies reported. Their nursing staffs totaled 6,235, or 13 percent of all public health nursing personnel (table 1. Also figure 1, p. 4).

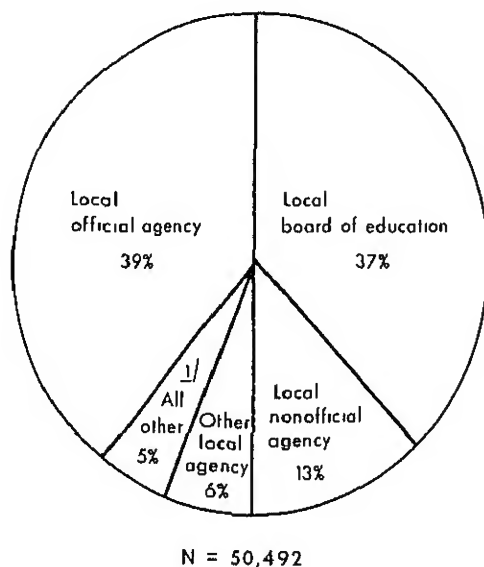
Comparisons of these reports with those of the 1966 survey demonstrate three important findings. First, they show a definite increase in public health nursing personnel for every type of agency. (2) Second, they indicate a dramatic rise in the number of boards of education and hospital based home care programs but relatively no change in the number of other agencies, official and nonofficial, providing public health nursing services. Third, they demonstrate a decrease in the proportion of nurses in public health who have completed the educational requirements for public health preparation.

Table 1.—Distribution of agencies and of full- and part-time nurses in public health, January 1968

Type of agency	Agencies		Registered and licensed practical nurses	
	Number	Percent	Number	Percent
<b>Total</b>	<b>9,995</b>	<b>100</b>	<b>50,492</b>	<b>100</b>
National agency	9	*	518	1
University	191	2	618	1
State agency	111	1	1,500	3
Local agency	<b>9,684</b>	<b>97</b>	<b>47,856</b>	<b>95</b>
Official agency	2,622	26	19,793	39
Nonofficial agency	765	8	6,235	13
Combination agency	100	1	2,611	5
Hospital based program	127	1	365	1
Board of education	6,070	61	18,852	37

\* Less than .5%.

**Figure 1.** Percent distribution of full- and part-time nurses in public health by type of employing agency, January 1968.



1/ Includes national and State agencies and universities  
SOURCE Table 1

Over 8,000 nurses have been added to the public health nursing force since January 1, 1966, representing a 20 percent increase (appendix table 22, p. 39). The largest numerical increase occurred in boards of education. They reported 3,500 more nurses providing school nursing services on January 1, 1968, than on January 1, 1966, an increase of 23 percent in the 2-year period (figure 2, p. 5). The extent to which any of a wide variety of influences have affected this increase is not known. Improved reporting of the census information by boards of education may explain some of this change. There is no doubt, however, that major contributions to this rise in school nursing personnel were made by the continued expansion of schools, by new construction, and by Federal support provided by The Elementary and Secondary Education Act of 1965 that was established to improve services to school populations.

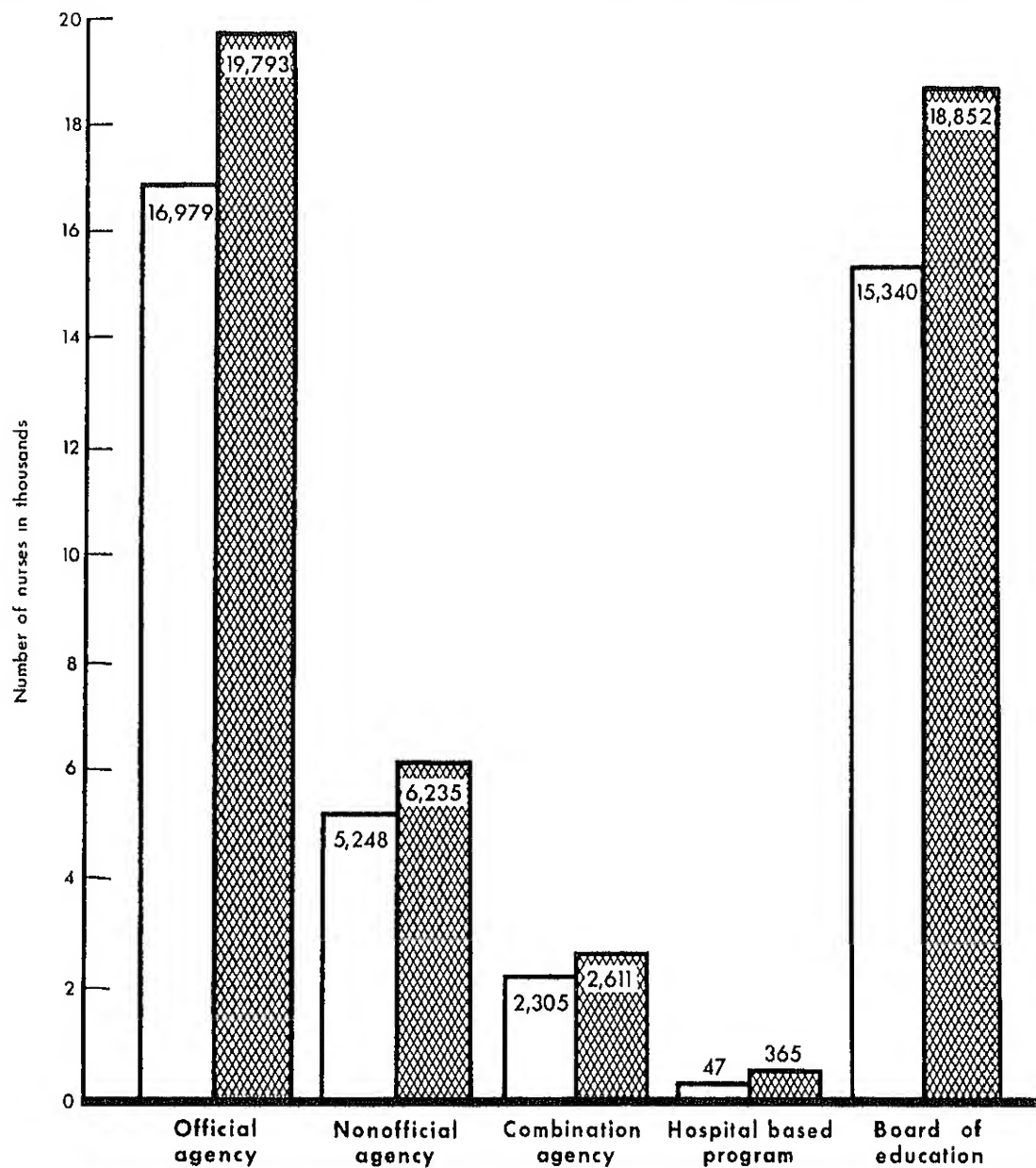
It was also of interest to find that local health departments and other official health agencies employed 2,814 more nurses in 1968 than in 1966,

and that the staffs of local unofficial agencies providing public health nursing services had increased by almost 1,000. This finding may reflect the impact of expanding programs for care of the sick at home and of more recent efforts to intensify public health services for urban, impoverished groups at high risk of sickness and death. The reports from hospital based programs further support this proposition. These data underestimate the actual situation since there are known to be at least 75 such programs providing nursing care of the sick at home that were not reported in this survey. (3) In spite of this under-reporting, there is still considerable evidence, from reports of hospital based certified home health agencies alone, (4) that hospitals are extending their nursing services to patients at home at a rapidly accelerated rate.

The third major finding, relative to the educational preparation of nurses in public health, is based on information reported for 48,385 or 99.3 percent of all full- and part-time registered nurses included in the survey. The data, given in table 2 (p. 6), show that almost one-third of the work force in public health nursing have a baccalaureate or higher degree and have completed an approved program of public health preparation as well. At the same time, it was learned that more than half the nurses (53 percent) have neither an academic degree nor the recommended preparation in public health nursing. Eight percent have a baccalaureate or higher degree but are not prepared in public health nursing, and 6 percent reported having completed an approved program in public health, but their highest credential is a nursing diploma or an associate degree.

When educational preparation was related to type of position, it was reassuring to find that a large majority (72 percent) of the nurses with administrative, teaching, consultative, and supervisory responsibilities have both an academic degree and public health preparation. The low proportion of educationally prepared staff nurses in public health was noted and with considerable concern. As shown in table 2 (p. 6) only 26 percent of all registered staff nurses have public health preparation and an academic degree; an additional

Figure 2. Nurses employed full time and part time in local public health agencies, January 1966 and 1968.



SOURCE : Appendix, Table 2

1966 1968

6 percent have completed an approved program in public health. This means that less than one-third of the staff providing public health nursing services are prepared in public health.

Although the findings indicate that there has been an increase in the actual number of prepared nurses in public health since 1966, the proportion of full-time registered nurses who are educationally

Table 2.—Educational preparation of registered nurses employed full time and part time in public health, by type of position, January 1968

Educational preparation	Total nurses		Administrators, consultants, faculty, supervisors		Staff nurses	
	Number	Percent	Number	Percent	Number	Percent
<b>Total</b>	<b>48,385</b>	<b>100</b>	<b>6,168</b>	<b>100</b>	<b>42,217</b>	<b>100</b>
Academic degree with public health preparation	15,619	32	4,444	72	11,175	26
Academic degree without public health preparation	4,039	8	377	6	3,662	9
Public health preparation without academic degree	2,892	6	384	6	2,508	6
No academic degree or public health preparation	25,835	54	963	16	24,872	59

<sup>1</sup> Excludes 330 staff nurses and 27 administrators, consultants, supervisors, and faculty for whom there was incomplete reporting.

qualified for public health work has decreased in 2 years by 3 percent (table 3). This decrease was also noted among faculty employed to teach public health in schools of nursing and among public health nursing staff of State and local health agencies. This information is particularly disconcerting in light of the increased numbers of baccalaureate programs preparing students in public health and of the expanding resources supporting graduate education for nurses.

Whether these reductions reflect a diminishing interest of prepared nurses to practice public

health, or increased difficulties of public health agencies to compete with other employment opportunities for prepared nurses, or changes in public health programs which permit utilization of staff with less preparation or whether they reflect still other influences, is not known. Such evidence, however, raises many questions which need to be examined, especially those relating to staffing patterns, personnel utilization, patient selection, and priority assignments which, among other factors, are considered to have a direct effect on quality of services provided.

Table 3.—Distribution of registered nurses having completed an approved program in public health nursing, by type of agency, January 1966 and 1968 <sup>1</sup>

Type of agency	1966			1968		
	Number reporting	Preparation completed		Number reporting	Preparation completed	
		Number	Percent		Number	Percent
<b>Total</b>	<b>41,015</b>	<b>16,841</b>	<b>41</b>	<b>48,410</b>	<b>18,522</b>	<b>38</b>
National agency	422	349	83	511	428	84
University	497	484	97	611	578	94
State/local agency	40,096	16,008	40	47,288	17,516	37

<sup>1</sup> Excludes 227 nurses in 1966 and 323 in 1968 for whom public health nursing preparation was not reported.

## II. TRENDS OVER 30 YEARS

THE POPULATION of the United States has almost doubled in the past 30 years, increasing from 123 million in 1938 to 200 million in 1968. During this same period dramatic changes have taken place in the population's needs for public health services, in the public's increased expectations of health personnel, in the patterns of providing health services, and in the expanding scope of responsibilities and functions of the health professions.

Among other forces, governmental action has encouraged and been instrumental in effecting change in all of these areas of the health field. Federal legislation has been passed to improve and increase the medical benefits available for more people, utilizing a variety of avenues, while corollary programs to expand and strengthen the supply and preparation of health manpower have also been supported. The Social Security Act of 1935 led the way for such governmental action. For example, Title VI of the Act provided funds ". . . for the purpose of assisting States, counties, health districts, and other political subdivisions of the States in establishing and maintaining adequate public health services. . . ." (5) Title V gave the Children's Bureau responsibility for administering maternal and child health programs, providing care for crippled children, and developing child welfare services. This Act further stimulated public health training for physicians, nurses, and others by providing stipends for professional personnel to obtain preparation in public health.

Since 1935 the impact upon nursing of governmental support of health services and manpower training has continued exponentially: The Nurse Training Act of 1943 (Cadet Nurse Corps), the "GI Bill of Rights," the Health Amendments Act

of 1956, and the Graduate Public Health Training Amendments of 1964 provided education and training funds which have had a major impact on the preparation of public health nurses as well as other health personnel. The Hospital Survey and Construction Act (Hill-Burton Amendments) passed in 1946 aided nursing and public health education by supporting the building of schools, laboratories, libraries, and other health educational facilities in addition to the construction of hospitals, clinics, outpatient departments and public health facilities. The Community Health Services and Facilities Act of 1960, which aimed at assisting agencies to find ways to expand and improve the quality of care provided; the Medical Assistance to the Aged (Kerr-Mills Amendment) of 1962; and the Social Security Amendments of 1965 have all made dramatic changes in the practice of public health nursing and in the scope and intensity of health care offered. Community Action Programs of the Economic Opportunity Amendments of 1966 provided funds to assist communities to mobilize their resources to combat the problems of poverty including poor health, inadequate education, and unemployment. This stimulated the creation of new types of health-focused programs such as "Head Start" and neighborhood multi-service centers. The Elementary and Secondary Education Act of 1965 made funds available to local boards of education specifically for incorporating health and welfare services into elementary and secondary public school programs.

"Medicare" and "Medicaid," Social Security Act Amendments of 1965 probably represent the most dynamic health legislation since 1935 in that they encompass a change in the philosophy underlying the health care system as well as make

explicit changes in the kind and amount of services required to meet the health needs of the community

Although legislation is only one of many concomitant social, medical, and health related factors influencing community health services and manpower, the desirable overall effects of such legislative actions would be expected to be evidenced in expanded services and increased qualifications of personnel associated with the declining illness rates and improved health and functioning of the population served. This survey was not designed to examine changes in the population's health patterns but was directed toward obtaining information relevant to patterns of community nursing services and to the educational preparation of these staff. Therefore it was reasoned that trends consistent with the intent of health legislation over the past 30 years would demonstrate:

- An increase in the number of nurses employed in public health with a proportional increase greater than that for the general population. This excess is necessary to reduce recognized deficiencies in service, including gaps in population coverage, while simultaneously keeping pace with the steadily increasing population;
- An increase in the number of agencies providing public health nursing services until broad scope family health care is available to all persons in all communities;
- A general increase in the number of public health nursing personnel who are educationally prepared in public health and with larger increases shown among those nurses employed as supervisors, teachers, consultants, and program administrators

The analysis of survey data collected since 1938 upheld each of these expectations. As shown in table 4, the number of public health nurses has more than doubled and the average annual percent increase has surpassed the population increases in every 10-year period. Particular note

should be taken of the gains in public health nurse power of almost 4 percent per year during the latest 10-year period in contrast to increases in the general population of only 1.4 percent during this same time span. Similar but even more dramatic trends were found when school populations were analyzed separately. In spite of the fact that only nurses employed by boards of education are included in this analysis, the average annual increase in nursing staff far exceeds increases in the school population in every decennial since 1938.

The extent of these increases is demonstrated further when nurse-to-population ratios are analyzed. Figure 3 (p. 10) shows that in 1938 there were, on the average, 15 nurses in public health work for every 100,000 persons in the United States. In 1968, however, this number had increased to over 21 nurses per 100,000 population. An even more dramatic threefold rise (from 13 to 39 nurses per 100,000 school enrollees) was reported for nurses employed by boards of education.

This finding was demonstrated again when changes in the numbers of staff were examined for the various types of employing agencies. In addition to school nurses, increases occurred in staffs employed to teach public health nursing in colleges and universities and in those employed as consultants by national agencies (appendix table 24, p. 41). This reflects the requirements of baccalaureate programs preparing students for public health and the expanding demands of service programs for consultation. Sharp contrasts, however, were noted among local service agencies. As shown in figure 4 (p. 11), the number of nurses employed by visiting nurse associations and other non-official agencies declined steadily from 1938 to 1957, and it was not until 1965 that an increase was seen in these staffs. Official health agencies, on the other hand, have more than doubled the number of nurses employed and show trends more in keeping with the advances of boards of education with increases in each 10-year span.

*Table 4.*—Comparison of ratios of full-time nurses in public health to U.S. resident population<sup>1</sup> and of nurses employed by boards of education to public school enrollments<sup>2</sup> 1938-68

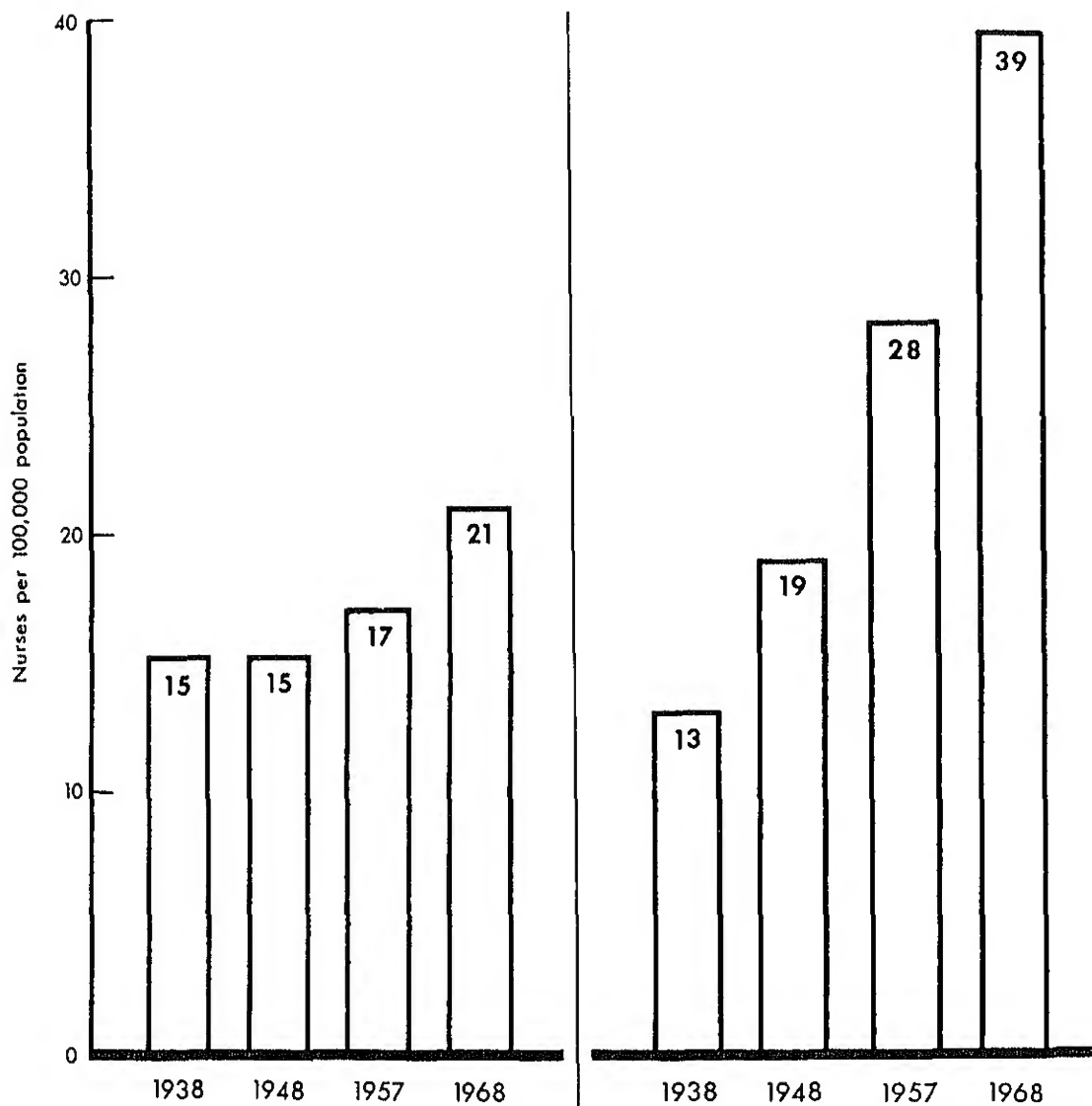
Year	U.S. population				Public school population					
	Resident population	Nurses in public health		Ratios	School population	Nurses in boards of education		Ratios		
		Total	Average annual percent change			Total	Average annual percent change		Total	Average annual percent change
1938	129,825	19,379	1.4	15	6,699	26,112	-0.8	3,887	15	6,718
1948	146,730	22,383	2.8	15	6,555	24,037	3.2	5,019	21	4,789
1957	171,187	28,685	3.7	17	5,967	32,951	2.9	9,355	28	3,522
1968	199,017	42,679		21	4,663	43,887		16,968	39	2,586

<sup>1</sup> U.S. Dept. of Commerce, Bureau of the Census, *Statistical Abstract of the United States*: 1968. No. 2, Population; 1900-1968. Washington, 1968. U.S. Government Printing Office.

<sup>2</sup> U.S. Dept. of Health, Education, and Welfare, Office of Education; *Biennial Survey in the U.S., Chapter on Statistics of State School Systems*; 1957-58, 1957-68. Washington, U.S. Government Printing Office.

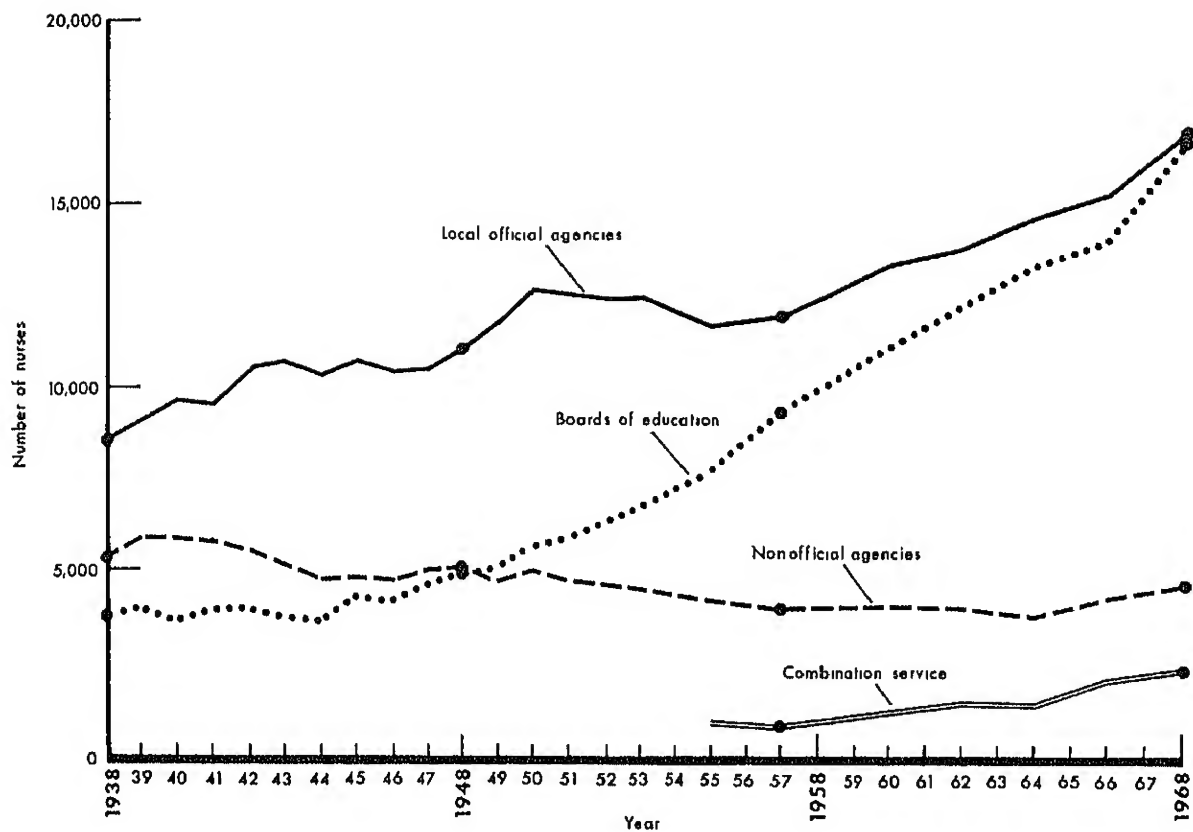
Figure 3. A. Ratio of registered nurses in public health per 100,000 population, selected years 1938-68.

B. Ratio of registered nurses employed by boards of education per 100,000 public school enrollees, selected years 1938-68.



SOURCE Table 4

Figure 4. Thirty-year span of the number of registered nurses employed full time in public health, by type of local agency, 1938-68.



SOURCE : Appendix, Table 3

Table 5 shows the variety of changes which have occurred in agencies employing nurses for public health. Again boards of education stand out in the increases represented—almost 4,000 more agencies reported public health nursing staff in 1968 than in 1938. State agencies also show substantial increases, and the development of hospital based home care programs and combination official and voluntary agencies are evident. However, it was surprising to find the slight increase, only 16 percent, in official agencies and the decrease of almost 50 percent in the number of nonofficial public health nursing agencies. Previous reports (6) have shown that these changes are due, to a large extent, to reorganization and amalgamation of small agencies for more centralized administration. They are assumed to reflect a trend toward more uniformity of service and of regional coverage rather than a reduction in the services available.

The broadened scope of public health nursing services currently available in communities is well documented. In 1968 there were 821 more agencies reporting services for care of the sick at home than in 1966. These services represented a major extension in the programs of health departments and other official health agencies. Whereas 672 official agencies reported nursing home care pro-

grams in 1966, this number was more than double in 1968. Fifty-one percent of all official public health agencies surveyed are now providing nursing care for the sick at home.

Progress made in the extension of nursing care services to populations and particularly to those in rural areas, within a 2-year period, is notable. In 1968, populations in 1,747 counties had some nursing care services available to them. This represents an increase in services since 1966 in 903 counties encompassing 44 million people. It shows, further, that 86 percent of the population of the United States are now offered public health nursing services that include care of the sick at home.

Data on educational preparation, including academic degrees attained and public health nursing programs completed, were first included in the 1940 census of nurses in public health. Since that time the preparation of registered nurses employed full time for public health work in State and local agencies has increased at a fairly constant rate (figure 5). The proportion of staff who held baccalaureate or higher degrees increased from 10 percent in 1940 to 42 percent in 1966; in 1968 the proportion was slightly less—41 percent. Over the same period of time, the proportion of nurses having completed an approved program of

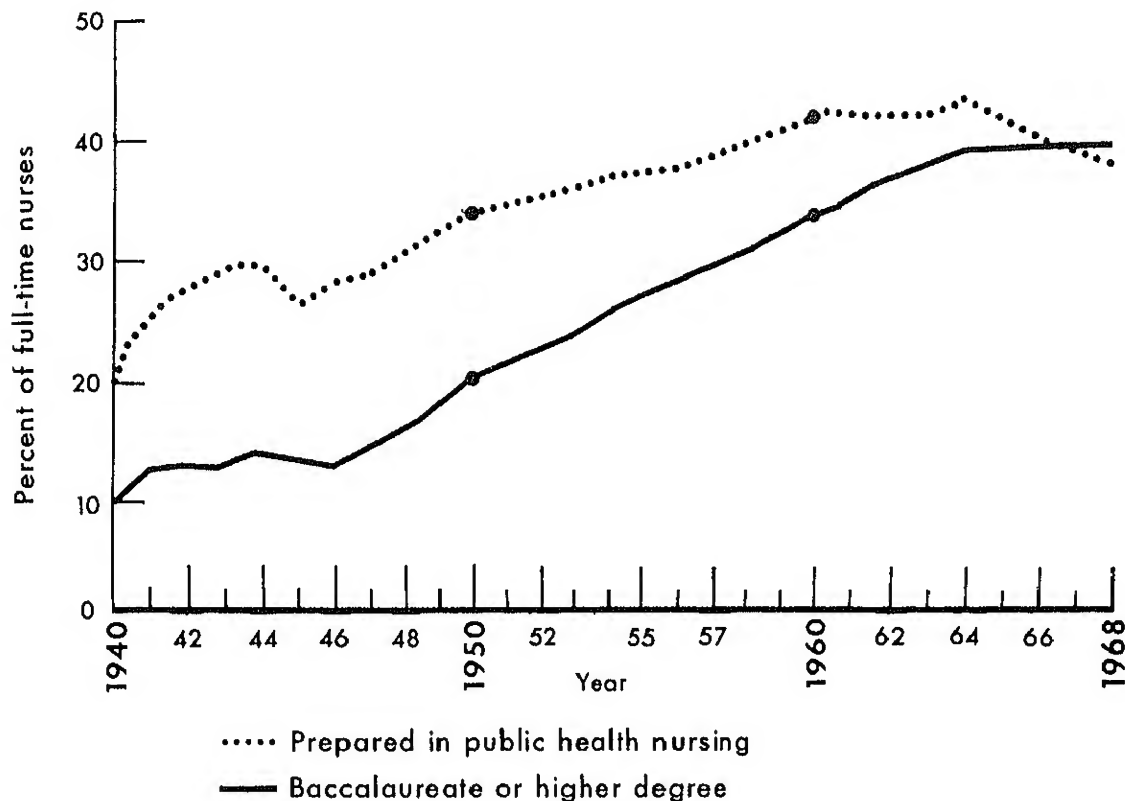
Table 5.—Comparison of agencies employing full-time public health nurses, by type of agency, January 1938 <sup>1</sup> and 1968

Type of Agency	1938	1968	Percent change
<b>Total</b>	<b>5,901</b>	<b>9,995</b>	<b>69</b>
National agency	*	9	—
University	*	191	—
State agency	78	111	+ 42
Local agency	5,823	9,684	+ 66
Official agency	2,258	2,622	+ 16
Nonofficial agency	1,437	765	- 47
Combination agency	*	100	—
Hospital based program	*	127	—
Board of education	2,128	6,070	+ 185

\* Data not collected.

<sup>1</sup> 1938 Census of Public Health Nurses, Mabel Reid, Mimeographed report B-2561, U.S. Public Health Service, Washington.

Figure 5. Academic degree and public health nursing preparation of registered nurses employed in public health, 1940-68.



public health nursing increased rapidly in the early forties but slumped during the World War II years, then began a steady climb up to a peak of 43 percent in 1964. (7) Since then, although the number of nurses who are educationally prepared in public health has continued to increase, there has been a proportionate decrease in prepared staff. In 1968 only 39 percent of all nurses in public health were academically prepared in this field. More time is needed to tell whether these recent declines in both collegiate and public health preparation represent important changes in qualifications or in patterns of staffing. They may be a reflection of the recent trends not only to utilize health manpower more efficiently but to broaden the scope of services by employing nurses with less preparation along with aides, neighborhood workers, homemakers, and others to provide nursing,

housekeeping, and related services which do not require more advanced preparation.

In 1960, for the first time, the census data were tabulated to permit mutually exclusive analyses of educational credentials and public health preparation of nurses working in public health. Since then, as shown in table 6 (p. 14), there has been a gradual increase in the preparation of nurses reported who hold both a baccalaureate degree and preparation in public health. In 1968 this group represented approximately one-third of the 42,375 nurses who reported educational preparation.

Two additional findings were noted in regard to trends in the educational preparation of nurses working in public health. The first deals with advanced education of graduates of diploma schools of nursing. The second reflects influences of baccalaureate programs preparing students to function in public health.

**Table 6.—Registered nurses reporting educational preparation and percent with both an academic degree and public health nursing preparation, selected years January 1960-68**

Year	Registered nurses reporting educational preparation	Percent with academic degree and public health nursing preparation
	Number	Percent
1960	30,666	27
1962	32,345	28
1964	34,656	31
1966	36,599	33
1968	42,375	32

According to the 1968 census, 37,000 nurses presently employed in public health are graduates of diploma schools of nursing. Of this number 2,773 had completed their initial nursing education before 1930. It was interesting to find that 23 percent of these graduates have subsequently earned a baccalaureate or higher degree and that this proportion applies to nurses who graduated before 1930 as well as to more recent graduates. Further, 70 percent of all diploma graduates with degrees have earned their degree since 1955. It was also of interest to find that 5 percent of the

diploma graduates have earned a master's or doctoral degree, compared with 8 percent of the nurses whose initial nursing education was in baccalaureate schools of nursing.

The contribution of basic baccalaureate schools of nursing approved for public health has increased steadily since 1962. Graduates of these programs, employed full or part time, accounted for 7 percent of public health nurses reported in the 1962 census, 11 percent in 1966, and 12 percent (or almost 6,000 nurses) of those reported in 1968.

One additional finding warrants attention: of all nurses included in the 1968 census who reported their educational preparation, almost two-thirds had completed their basic nursing education before 1950. Does this mean that public health is not exciting enough to appeal to recent graduates, that recruitment is conducted among more mature graduates, that public health staffs tend to be stable and keep vacancies at a minimum? The factors producing this distribution may have very positive or very detrimental effects on the quality of service. In any case the apparent low preparation of young, recently prepared nurses in public health should be reviewed very seriously, especially in relation to the demands for change in medical and nursing practice and in the conceptual requirements of the new evolving health systems of modern society.

### III. NATIONAL AGENCIES AND UNIVERSITIES

NINE NATIONAL agencies and 191 universities and colleges reported that they employ 1,136 nurses in public health. As shown in table 1 (p. 3), this number represents 2 percent of the total nursing personnel included in the census. These data, compared with the 1966 report, show that there has been little change in the numbers and preparation of public health nurses employed by national agencies during the 2-year period but that collegiate schools of nursing and schools of public health have 88 additional public health nurse faculty, a 17 percent increase over the number reported in 1966.

Examination of the reports of national agencies shows that 183, or one-third, of the 518 public health nursing personnel reported are employed in administrative or consultative positions (table 7), that 82 percent have public health preparation and an academic degree (table 8), and that 203 or 40 percent hold a graduate degree.

As might be expected, collegiate faculty in public health nursing represent by far the best prepared of all groups included in the census. Of

this group almost 95 percent have completed their public health preparation and hold a baccalaureate degree; 23 have doctoral degrees. At the same time it should be pointed out that 33 nurses who are responsible for teaching public health do not have even basic preparation in public health; 66 have no academic degree beyond the baccalaureate.

Table 7.—Distribution of public health nursing personnel in national agencies, by type of position, January 1968

Type of position	Registered nurses	
	Number	Percent
<b>Total</b>	<b>518</b>	<b>100</b>
Director/assistant director	62	12
Consultants	121	23
Generalized	(48)	( 9)
Specialized	(73)	(14)
Supervisor	88	17
Staff	207	40
Other	40	8

Table 8.—Educational preparation of nurses in public health employed by national agencies and universities, January 1968

Educational preparation	National agencies		Universities	
	Number	Percent	Number	Percent
<b>Total</b>	<b>1 511</b>	<b>100</b>	<b>1 611</b>	<b>100</b>
Academic degree with public health preparation	416	82	577	95
Academic degree without public health preparation	42	8	33	5
Public health preparation without academic degree	12	2	1	—
No academic degree or public health preparation	41	8	—	—

<sup>1</sup> Excludes 7 nurses in national agencies and 7 in universities for whom there was incomplete reporting.

Table 9.—Student enrollment per public health nurse faculty, by type of program and size of school, 1967

School enrollments	Schools with baccalaureate programs only						Schools with baccalaureate and graduate programs					
	Accredited			Nonaccredited			Accredited			Nonaccredited		
	Num- ber	Students per faculty	Median Average	Num- ber	Students per faculty	Median Average	Num- ber	Students per faculty	Median Average	Num- ber	Students per faculty	Median Average
All schools <sup>1</sup>	28	63	75	31	76	68	114	66	74	12	76	103
100 or less students	11	47	52	19	42	41	9	38	40	5	60	53
101 - 200 students	9	56	74	11	118	100	35	53	60	4	101	111
201 - 300 students	7	91	109	1	228	228	39	66	81	2	177	177
301 or more students	1	103	103	—	—	—	31	89	91	1	179	179

<sup>1</sup> Excludes 6 schools: 5 graduate programs and 1 unknown enrollment.

For the first time an attempt was made to examine the distribution of public health nurse faculty in relation to the size of the school's student body. To do this, ratios were calculated in two ways: (1) the number of basic nursing students graduated in June 1967 per public health nursing faculty member, and (2) the total number of students enrolled in October 1967 per public health nursing faculty member. These ratios were compared for types of programs offered, size of student body, and accreditation of the program by the National League for Nursing. The findings pertaining to student enrollees are displayed in table 9.

It is recognized that many factors influence the quality of instruction and that caution is necessary in drawing inferences from this information. Data on faculty was not obtained from all schools. The number of programs reported by the National League for Nursing for 1966 indicate there are 14 more accredited programs than are included in this census. (8) The total number of missing nonaccredited programs is unknown; many have been established very recently; others have not reached their student capacity and have not yet graduated their first class. More importantly, the method of teaching public health nursing, the plan for integrating public health concepts and content into the curriculum, the scope of field experiences, and the extent to which practice is related to theory may all be more critical determinants of the quality of preparation than is the number of students assigned to faculty.

Nevertheless, this examination of ratios yielded interesting results. In general, there were fewer students per public health nursing faculty member in smaller schools and in schools with National League for Nursing accreditation. Also, accredited programs providing graduate as well as baccalaureate preparation had the smallest median number of students per faculty in every student enrollment grouping. Differences were found when ratios of public health nursing faculty to 1967 graduates were analyzed but they appeared to be attributable to a few new nonaccredited programs with small (less than four) numbers in the graduating classes. Otherwise, the general tendencies described above held throughout.

## IV. STATE AND LOCAL AGENCIES

COMMUNITY HEALTH services generally are provided by local agencies, although in some States public health services are administered centrally, primarily by the State health department. These patterns also apply to public health nursing services. In fact, most State departments of public health provide some local nursing services by assigning staff directly to areas where nursing programs or agencies have not been established, by supplementing local staff, or by providing service directly out of the State office. For this reason the public health nursing personnel of State and local agencies are analyzed together. These agencies represent 98 percent of all those included in the survey. They also represent an equal proportion of all nurse manpower in public health, employing 49,356 registered and licensed practical nurses for public health work.

It was of interest to find that, of all State and local public health nursing personnel, only 1,500 (3 percent) are employed by State agencies (table 1, p. 3). Distributions of these agencies and personnel varied considerably: 22 States reported only one State agency employing nurses for public

health, one State, Maine, reported six such agencies. Three States and Guam reported less than six nurses employed, eight others employed less than 10. On the other hand, seven States reported over 50 nurses employed by State agencies with Pennsylvania having the largest number, 147 nurses, all employed by the State Health Department.

As mentioned earlier, relatively little change has occurred since 1966 in the total number of official and nonofficial local health agencies providing public health nursing services. Examination of the distribution of agencies within these groups, however, gives evidence of changes occurring in patterns of delivery of service. As shown in table 10, from 1966 to 1968 there was a definite decrease in the number of local health departments and visiting nurse associations providing nursing service. Other types of agencies, however, both official and nonofficial, show a decided increase. Organizations developed through Head Start, Office of Economic Opportunity, and Maternal and Infant Care programs, as well as many hospitals and extended care facilities, became new providers of

Table 10.—Local agencies providing public health nursing service, by type of agency, January 1966 and 1968

Type of agency	1966		1968	
	Number	Percent	Number	Percent
All agencies	8,572	100	9,684	100
Health department	2,210	26	2,120	22
Other official agency	293	3	502	5
Visiting nurse association	651	8	614	6
Other nonofficial agency	107	1	151	2
Combination agency	85	1	100	1
Hospital based and established home care program	17	—	127	1
Board of education	5,209	61	6,070	63

public health nursing services. At the same time, the reports indicate that the decrease in the more traditional public health service agencies has been due primarily to administrative combinations for more centralized management. There is no evidence that nursing services have been withdrawn or further limited since 1966. Instead every indication points in the opposite direction—to the extension of local public health nursing services, in scope and quantity, in all areas of the United States.

Three additional questions were asked of the data in regard to agency characteristics. One question related to the geographic distributions of agencies according to type of administrative control, particularly to learn whether the newer types of agencies are unique to a few States or regions or are developing more widely in all parts of the country. The second question relates to the distribution of agencies by size and the third question, to determine whether the employment of part-time nurses and licensed practical nurses is occurring generally or only in certain types of agencies, deals with the types of nursing service personnel employed.

### Patterns of Administrative Control

By examining the distributions of agencies among the States and Territories (appendix table 28, p. 45) it appears that traditional patterns of providing service, through health departments, visiting nurse agencies, and boards of education, have been maintained in the majority of States. Unlike the past development of visiting nurse associations which were primarily organized in the northeastern States,<sup>1</sup> the more recently established agencies seem to be located within a few States, independent of regional influence. For example, two-thirds of all agencies other than health departments, visiting nurse associations, and boards of education were reported by 10 States, four of which (Connecticut, New Jersey, New York, and Pennsylvania) are in the northeast, three (Illinois, Iowa, and Minnesota) are in the north-central region, two (Colorado and Montana) are in the Rocky

Mountain States, and one (Louisiana) is in the south. Two States, New York and Pennsylvania, accounted for over 40 percent of all hospital based programs. Florida alone reported one-third of all health department and visiting nurse combination agencies.

Whether these findings are attributable to differences in reporting or to differences in administrative patterns among States is uncertain. In this period of changing concepts related to the development of new models of delivery of service, it becomes increasingly important to develop and study the effectiveness of various patterns of service in order to assist communities to procure the health care system which will be most congruent with their social structure and most effective in meeting the health needs of their populations.

### Size of Agencies

As in previous reports, the distributions of agencies were analyzed in terms of the number of nurses employed for each type of agency. The findings are presented in table 11.

Almost three-fourths of the agencies providing public health nursing services in the United States and Territories employ less than five full-time registered nurses. Ten percent employ only part-time registered nurse staff. As shown in table 11, these findings pertain quite generally to each of the three major categories of agencies; i.e., to official and nonofficial agencies and to boards of education. On the other hand, only 2 percent of the agencies are staffed with as many as 25 or more full- and part-time nurses.

A few additional findings are of note: Combination agencies, as might be expected, tend to have a large number of staff. Over half of them employ at least 10 nurses, 14 percent have a staff of 50 or more. In contrast with this, hospital based programs tend to be small. Almost 60 percent employ only one full-time nurse or rely entirely on part-time registered nursing personnel. Ninety-four percent are staffed with less than five nurses. Boards of education also tend to have few staff. They reported 3,050 agencies employing only one full-time registered nurse or part-time staff. In fact, over two-thirds of all these small nursing services were administered by boards of

<sup>1</sup> Over 70 percent of all visiting nurse associations are located in the northeast (New England States, New York, New Jersey, and Pennsylvania).

Table 11.—Percent distribution of local agencies, by type of agency and by size of registered nurse staff, January 1968

Size of full-time nursing staff	<sup>1</sup> Total	Official agency	Nonofficial agency	Combination agency	Hospital based program	Board of education
<b>All agencies</b>	<b>9,617</b>	<b>2,620</b>	<b>762</b>	<b>100</b>	<b>127</b>	<b>6,008</b>
		Number				
		Percent				
No full-time staff	100	100	100	100	100	100
1	10	6	8	1	6	13
	37	34	33	7	52	38
2-4	24	33	27	19	36	19
5-9	9	14	16	19	4	6
10-24	5	9	12	29	2	2
25 or more	2	4	4	25	—	1
Unreported size	13	—	—	—	—	21

<sup>1</sup> Excludes 67 agencies employing only licensed practical nurses.

Table 12.—Distribution of nurses employed full time and part time by local public health agencies, January 1960 and 1968

Nurse Classifications	1960						1968					
	Total		Full time		Part time		Total		Full time		Part time	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<b>All nurses</b>	<b>32,120</b>	<b>100</b>	<b>30,514</b>	<b>95</b>	<b>1,606</b>	<b>5</b>	<b>47,856</b>	<b>100</b>	<b>42,892</b>	<b>90</b>	<b>4,964</b>	<b>10</b>
Registered nurses	31,764	100	30,181	95	1,583	5	46,116	100	41,255	89	4,861	11
Licensed practical nurses	356	100	333	94	23	6	1,740	100	1,637	94	103	6

education. Lastly, it appears that, as the size of staff is increased, the proportional representation of official agencies also is increased (figure 6, p. 21). Half of all agencies employing 25 or more registered nurses were health departments or other tax supported agencies. And, although there were only a few agencies (29) with 100 or more registered nurses on their staff, two-thirds of them are health departments.

### Types of Nursing Personnel Employed

Information about nurses employed part time and the employment of licensed practical nurses was first included in the 1960 Census of Nurses in Public Health. (9) At that time 5 percent of the registered nurse staff were part-time employees and, although the total number of licensed practical nurse staff was small (356), 6 percent of these staff members were also employed part time. Since then the actual numbers of all local agency nursing staff have increased markedly: In 1968 there were one and one-third times as many full-time registered nurses working in local public health service agencies as there were in 1960. There were three times the number of registered nurses working part time, and five times the number of licensed practical nurses, both full and part time, as were employed in 1960.

Proportionately, however, these data show that relatively little change has occurred in the practice of employing other than registered nurses to provide public health nursing services, (figure 7, p. 22). In table 12, (p. 19) a slight increase is seen in the proportion of part-time staff but this increase is believed to be due, to a large degree, to those agencies providing school health services which have adjusted the hours of work for school personnel to be consistent with their school sessions.

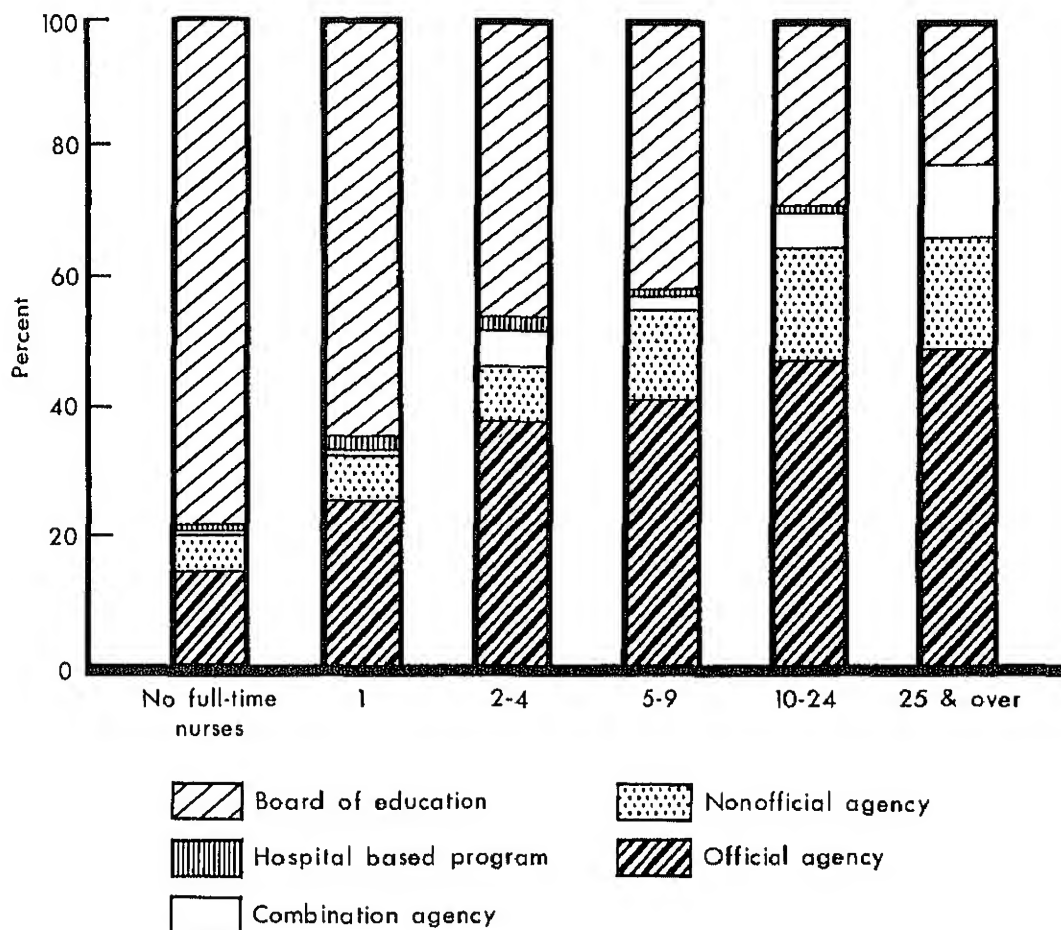
Over 3,600 (73 percent) of all part-time nurses are employed by official agencies and boards of education. The largest number of part-time registered nurses are employed by agencies in New York, California, New Jersey, and Pennsylvania.

Further, and of some concern, is the fact that small agencies seem to rely on part-time staffs to a much greater degree than larger agencies. As shown in table 13, 15 percent of the nurses employed by agencies with one full-time registered staff nurse are part-time employees in contrast with only 7 percent of the staff of agencies with 25 or more full-time staff. This finding raises serious questions as to the amount of supervision and guidance which is usually available to part-time staff. It also raises doubt as to the ability of these small agencies to provide continuity of care for their communities.

Table 13.—Distribution of full- and part-time registered nurses employed for public health, by size of local agency staff, January 1968

Size of staff	Total		Full time		Part time	
	Number	Percent	Number	Percent	Number	Percent
<b>All nurses</b>	<b>46,116</b>	<b>100</b>	<b>41,255</b>	<b>89</b>	<b>4,861</b>	<b>11</b>
No full-time staff	1,108	100	—	0	1,108	100
1	4,109	100	3,499	85	610	15
2-4	6,705	100	5,960	89	745	11
5-9	6,136	100	5,637	92	499	8
10-24	8,081	100	7,447	92	634	8
25+	15,099	100	14,000	93	1,099	7
Unreported	4,878	100	4,712	97	166	3

Figure 6. Local agencies employing nurses for public health, by size of staff and type of agency, January 1968.



SOURCE : Appendix, Table 5

Figure 7. Eight-year span of the number of registered and licensed practical nurses employed full time and part time in public health, 1960-68.

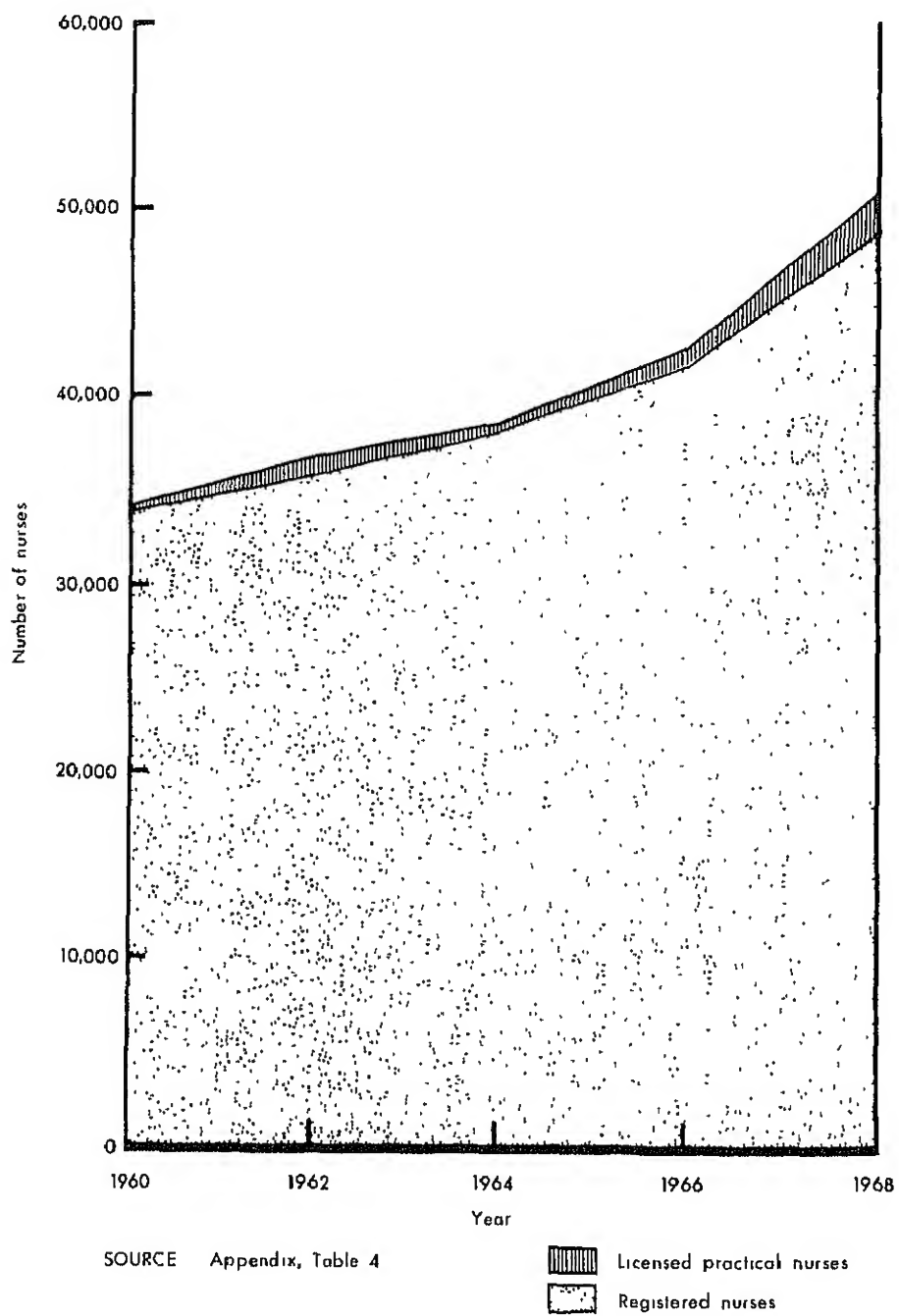


Table 14.—Distribution of registered and licensed practical nurses employed in public health, by type of local agency, January 1968

Type of local agency	All nurses						Registered nurses				Licensed practical nurses			
	full time and part time													
	RN's		LPN's		Total		Total		Full time		Total		Full time	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All agencies	47,856	96	4	4	46,116	89	11	1,740	94	6	723	95	5	8
Official agency	19,793	96	4	4	19,070	90	10	610	92	8	150	95	5	20
Nonofficial agency	6,235	90	10	10	5,625	82	18	50	80	98	207	98	2	
Combination agency	2,611	94	6	6	2,461	92	8							
Hospital based program	365	86	14	14	315	73	27							
Board of education	18,852	99	1	1	18,645	91	9							

Table 14 describes the composition of nursing staffs considered in relation of type of employing agency. It is evident from these figures that hospital based and extended home care programs tend to employ a higher proportion of part-time staff than any other type of agency. Even though the total numbers are small, they also employ practical nurses at a much higher rate than any of the other agencies.

Agencies in New York, Illinois, and Texas reported the largest number of practical nurses; whereas there were no agencies in California or Wyoming that reported any practical nursing staff. It was disconcerting to find 67 agencies with a nursing staff consisting of one licensed practical nurse only. Almost all of these agencies (65) represented boards of education, 27 of which were located in one State (Arkansas).

Whether any of these agency patterns are efficient or economical, whether they relate to community demands or to the type and amount of illness present, or whether they function effectively or satisfactorily on any dimension is unknown. These survey data can only point out deficiencies among the groups of reporting agencies and stimulate questions in regard to their meaning. From some of these findings it seems reasonable to doubt that the agency's nursing program, in many instances, goes beyond stop-gap measures, unrelated to need, efficiency, or effectiveness of service. They highlight the importance of considering agency characteristics in looking for ways to improve community nursing services. In addition, the examination of attributes of the nursing staff and of measures associated with quality of performance such as supervision, preparation, and size of population served, become even more important when viewed in relation to agency patterns as well as to the health of the community.

## V. NURSES EMPLOYED FOR STATE AND LOCAL PUBLIC HEALTH SERVICES

THE QUALITY of health services available to communities has traditionally been judged in terms of the selected attributes of the agencies and the personnel providing services rather than on the more direct measures of community health. In spite of limitations inherent in such determinations, assessments of public health nursing have been based on, among other factors, ratios of nurse-to-population coverage, on the amount of guidance available to staff through supervision and consultation, and on the educational preparation of the nursing personnel. This analysis of the survey information uses each of these parameters to determine progress made to date and to identify future needs of public health nursing at the State and local community levels.

### Nurse-to-Population Ratios

When the total number of full-time nurses employed by State and local agencies for public health was related to the population of the United States and Territories, the national ratio of 21.3 nurses per 100,000 population, or one nurse per 4,703 population, was obtained. The findings were much more important when this information was examined for each State separately: As shown in figure 8, 18 States and the District of Columbia were found to have a larger number of nurses per 100,000 population than the national ratio; two States had achieved the goal of 40 per 100,000 or one nurse per 2,500 population. Only 15 States had more than 6,000 population per public health nurse.

Even with this encouraging picture the wide range in these ratios among the States should be noted. Delaware and the District of Columbia appear at the highest level with more than 41

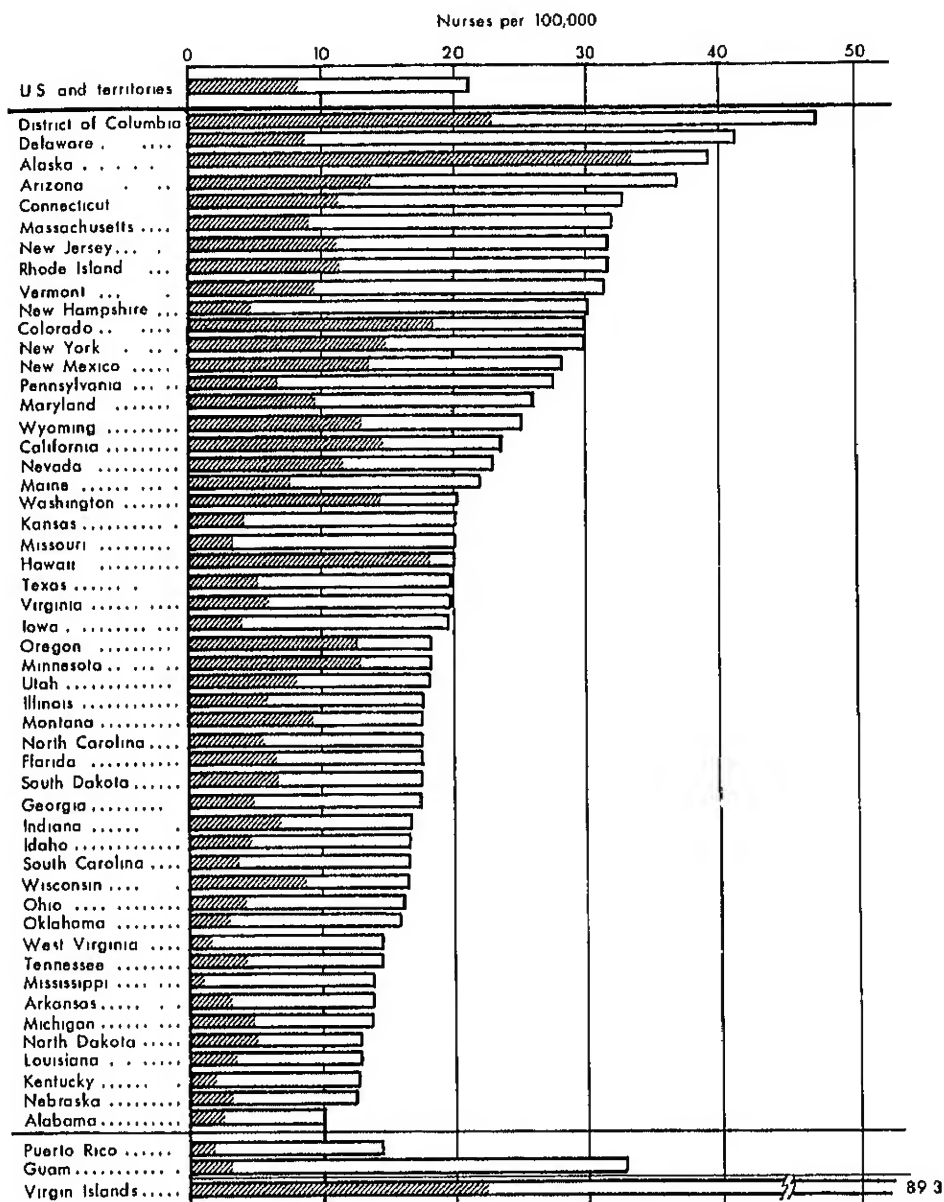
nurses per 100,000 population. In contrast, 10 States, all with many rural, widely dispersed communities, have less than 15 nurses per 100,000 population.

To determine the extent to which these findings were influenced by the number of nurses employed by boards of education, nurse-to-population ratios were recomputed excluding this group (table 16, p. 27). This procedure only slightly reduced the overall range and produced a high of 42.8 and a low of 6.1 nurses per 100,000 population. When the States were again ranked, using these recomputed ratios, and compared with the previous listing (figure 8), a high degree of consistency was found in the order of States on both lists. Fifteen States had relatively no change and 13 others moved less than 10 places in rank. Only seven States took an entirely different position: Wyoming, Texas, Iowa, California, Missouri, and Kansas were outranked by at least 20 more States on the second list than on the first, demonstrating a considerable reduction in the nurse power available to provide public health services to the general population. Wisconsin, on the other hand, moved up 28 places, giving evidence of the relatively few nurses employed by boards of education with services restricted to school populations in that State.

It was interesting to note that three States, New York, California, and Pennsylvania reported 30 percent of all nurses employed in State and local public health work. Nevertheless, because of the large populations encompassed by these States, none of them appeared among the groups with the 10 highest nurse-to-population ratios.

It seems reasonable to assume that the provision of public health nursing becomes more complex

Figure 8. Rank of States by ratios of full-time registered nurses employed for public health in State and local agencies, per 100,000 population, January 1968.



SOURCE Table 30



 Percent of staff prepared in public health  
 Percent of staff not prepared in public health

Table 15—Distribution of States ranked by ratio of supervisor to staff (registered and licensed practical nurses) employed in public health full time and part time, January 1968

State	Number of nurses per supervisor	State	Number of nurses per supervisor
<b>United States and Territories 15.0</b>			
North Dakota	5.1	Oklahoma	16.0
Montana	7.3	Colorado	16.3
Hawaii	7.5	Idaho	17.5
Florida	7.6	Georgia	17.7
Louisiana	8.5	Minnesota	17.9
Wisconsin	8.7	Pennsylvania	18.0
Oregon	9.9	Utah	18.2
Nevada	10.5	Vermont	18.4
Rhode Island	10.7	Alabama	18.6
District of Columbia	11.2	California	19.5
Ohio	11.3	New Jersey	20.1
Michigan	11.4	Kansas	21.7
Connecticut	11.8	Arizona	23.0
Tennessee	11.8	Mississippi	23.3
Washington	11.8	Wyoming	23.3
South Carolina	11.9	New Hampshire	24.4
Maryland	13.2	Kentucky	24.6
West Virginia	13.6	Texas	24.8
Maine	13.8	South Dakota	27.8
New York	14.8	Delaware	27.9
Missouri	14.8	Arkansas	29.5
Illinois	14.9	Nebraska	30.0
Alaska	15.0	Iowa	33.6
Indiana	15.2	New Mexico	41.9
North Carolina	15.5		
Massachusetts	15.6	Guam	4.3
Virginia	15.9	Puerto Rico	6.6
		Virgin Islands	13.7

as the size of the population increases. Decisions as to priorities, the number of potential contacts to be made, the likelihood of more health related problems to deal with and of more resources to utilize are just a few of the factors which tend to make service to larger populations more difficult. Therefore it would be hoped that in the States where nurses are expected to provide nursing care to the larger populations, the staff employed are educationally prepared to cope with these problems and are provided with supportive supervision and consultative services. In order to examine broadly whether these factors seem to be related in practice, States were classified according to their nurse-to-population ratios, excluding board of education personnel, and divided by rank order into three equal groups. The States in each group were

then examined in relation to (1) the proportion of nurses employed who had completed the academic requirements for public health preparation, and (2) the average number of staff nurses per supervisor (tables 15, p. 26, 16 and 17).

It appears from these data that, contrary to what might be considered more desirable, States with the fewest nurses employed per 100,000 population generally have the lowest proportions of nurses with public health preparation. In addition, these same relationships were found when board of education nurses were included in the analysis. In regard to supervisory assistance, the group differences were less distinct but again showed the same general, less desirable, tendency. It would appear that nurses are provided with less guidance and support in States where they are

Table 16.—Percentage of nurses prepared in public health among States grouped by nurse-to-population ratios, January 1968

Range of ratios of nurses per <sup>1</sup> 100,000 population	All States	Percentage of nurses prepared in public health		
		50% plus	26–49%	25% or less
		Number of States		
<b>All States</b>	<b>51</b>	<b>14</b>	<b>25</b>	<b>12</b>
17.4 to 42.8	17	6	9	2
12.8 to 16.9	17	5	10	2
6.1 to 12.6	17	3	6	8

<sup>1</sup> Excludes nurses employed by boards of education.

Table 17.—Ratio of supervisors to staff nurses among States grouped by nurse-to-population ratios, January 1968

Range of ratios of nurses per <sup>1</sup> 100,000 population	All States	Average number of nurses per supervisor		
		5–12	13–19	<sup>2</sup> 20+
		Number of States		
<b>All States</b>	<b>51</b>	<b>16</b>	<b>21</b>	<b>14</b>
17.4 to 42.8	17	8	6	3
12.8 to 16.9	17	5	7	5
6.1 to 12.0	17	3	8	6

<sup>1</sup> Excludes nurses employed by boards of education.

<sup>2</sup> Three States—Nebraska, Iowa, and New Mexico—averaged more than 30 nurses per supervisor.

expected to serve large populations. As shown in table 18, an average of one supervisor per 12 or less staff nurses was reported by over twice as many States with the better nurse-to-population ratios than by States with the poorest ratios. Conversely these latter States were represented most frequently in the groups with an average of 20 or more staff per supervisor. No firm conclusions can be drawn from these general observations. Information comparing nurse to population ratios among local agencies and specific populations would be necessary to make clear statements in regard to such relationships. The patterns shown here are merely suggestive but do point out possible weaknesses in public health administration which may help to explain limitation in program effectiveness, and hence warrant further study.

### Ratio of Nurses to School Populations

The actual number of nurses serving school populations is unknown. In many communities, health departments and nonofficial agencies include school nursing services as a part of their generalized program. As long ago as 1949, in a study of child health services conducted by the American Academy of Pediatrics, it was found that 45 percent of school medical services were ren-

dered by boards of education, 41 percent by official health agencies, and 14 percent by other groups. (10) This gives some indication of the extent of the under-reporting of school nursing services based on nursing personnel employed by boards of education alone. Since, in the survey, no attempt was made to collect specific information from the reporting agencies regarding the various programs carried on the amount of nursing time assigned to each, data submitted by boards of education is the only definite information obtained about school nursing services.

Even though this enumeration grossly underestimates the actual situation, it documents the fact that a considerable proportion of nurse manpower is given to the care of school populations. As discussed earlier, (p. 3), a total of 18,852 registered and licensed practical nurses, or 37 percent of all nurses in public health, are employed by boards of education. This gives an overall ratio of 2,586 pupils per nurse. Assuming that this represents only about 45 percent of the service provided to school populations, it would appear that a ratio of one nurse for every 500 to 800 school children is rapidly being approached and may actually have been attained in some communities.

Table 18.—Distribution of nurses<sup>1</sup> in State and local public health agencies, by position and type of agency, January 1968

Type of Agency	All nurses		Administration and consultation		Staff level		Ratio of administrator to staff
	Num-ber	Per-cent	Num-ber	Per-cent	Num-ber	Per-cent	
<b>Total</b>	<b>49,356</b>	<b>100</b>	<b>5,059</b>	<b>10</b>	<b>44,297</b>	<b>90</b>	<b>1:9</b>
All State agencies	1,500	100	922	61	578	39	<sup>a</sup>
All local agencies	47,856	100	4,137	9	43,719	91	1:11
Official agency	19,793	100	2,209	11	17,584	89	1:8
Nonofficial <sup>2</sup> agency	6,600	100	1,127	17	5,473	83	1:5
Combination agency	2,611	100	408	16	2,203	84	1:5
Board of education	18,852	100	393	2	18,459	98	1:47

<sup>1</sup> Includes registered and licensed practical nurses, full time and part time.

<sup>2</sup> Includes visiting nurse associations, hospital based and other home care programs, and other nonofficial agencies.

\* This ratio has little meaning since administrative and consultant staff in State agencies are usually responsible for providing technical and professional assistance to local agency staff in addition to other State personnel.

## Type of Position

The traditional classifications of public health nursing positions include the administrator or director, consultant, supervisor, and staff nurse. In the 1968 survey two new titles were reported, those of coordinator and specialist. Coordinators were listed for hospital, home care, and public health programs. Specialists in maternity, child health, tuberculosis, and other fields of public health were similarly cited. Although the total number of nurses in these positions was relatively few (445 coordinators and 647 specialists), the titles may indicate a change in public health nursing practice as well as in position classifications. To analyze the data, they were included with nurses in staff positions even though they may include, in some instances, administrative and perhaps consultative responsibilities as well as direct involvement in patient and family care.

Table 19 (p. 30) describes the distributions and relationships between administrative groups and staff nurses in State and local public health programs according to the type of employing agency.

Although 10 percent of all nurses employed by State and local public health agencies are in administrative, consultative, or supervisory positions, the proportional distributions of these staff vary widely. Since State agencies primarily provide consultation and administrative guidance to local staffs, it is not surprising that 61 percent of nurses employed at the State level are in these administrative positions. The small differences noted in the distributions among local official, nonofficial and combination agencies could also be expected. But the discrepancy between supervisory and consultative nursing personnel employed by boards of education and by other agencies providing local public health nursing services is notable. The overall ratio of one administrator, consultant, or supervisory nurse to 47 staff nurses, employed by boards of education, contrasted with the one-to-five and one-to-eight ratios for other types of local agencies, corroborates these differences. Concern over this apparent lack of supportive personnel at administrative levels is heightened by the findings presented previously (p. 18) of the large number of school nursing staff working alone or with few

other nurses, some of whom have only practical nurse preparation.

Nurse directors or administrators represented 3 percent of all registered nurses employed in public health by State and local agencies; consultants represented only 2 percent. Of these 902 consultants, 75 percent were employed at the State level, mostly by State health departments; of the other 25 percent a majority were employed by large official local health agencies.

The proportion of consultants who function in a clinical or categorical program appears to be fairly constant. Seventy-seven percent of the consultants included in the 1968 census were in special programs compared with 80 percent of those reported in 1966 and 76 percent in 1962. As in 1966, maternal and child health was the most frequently occurring area of specialization, followed by orthopedics, communicable diseases, chronic diseases, and mental health. In 1968 the specialization of home care programs became evident; home care was reported as a specialty by 41 consultants.

## Educational Preparation

The highest educational credential and level of public health preparation was reported for 99.3 percent of the nurses employed full time and for 99.7 percent of those employed part time by State and local agencies. As might have been expected a higher proportion of the full-time nursing personnel have more academic preparation than the part-time group, and this was found in both administrative and staff positions (figure 9, p. 31). Thirty-two percent of full-time nurses have a baccalaureate or higher degree and the preparation recommended for public health whereas only 20 percent of part-time nurses have comparable academic preparation.

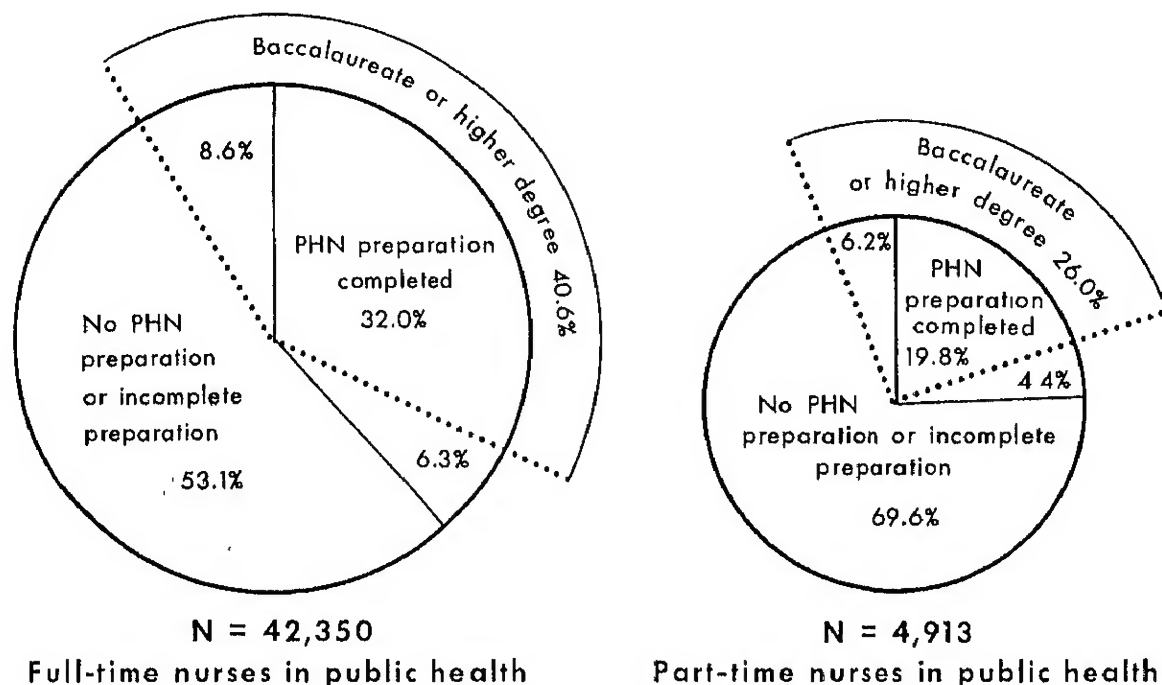
The contrasts in educational preparation of nurses employed in different position classifications by the various types of agencies are evident in table 19. In general, personnel employed at the State level are more likely to be better prepared academically than are personnel in local agencies. In every agency grouping, however, there is a wide differential between the preparation of

Table 19.—Educational preparation of full-time nurses in State and local agencies, by type of agency and position classification, January 1968

Type of agency and position <sup>1</sup>	Academic degree with public health nursing preparation			Academic degree without public health nursing preparation			Public health nursing preparation without academic degree			No academic degree or public health nursing preparation		
	Percent			Percent			Percent			Percent		
All State agencies:												
Administrative .....												
Staff ..												
	80			6			6			8		
	31			2			20			47		
All local agencies:												
Administrative ..												
Staff ..												
	66			6			8			20		
	27			9			6			58		
Official agency:												
Administrative ..												
Staff ..												
	68			3			10			19		
	27			2			8			63		
Nonofficial agency:												
Administrative ..												
Staff ..												
	64			6			5			25		
	24			4			3			69		
Combination agency:												
Administrative ..												
Staff ..												
	77			2			6			15		
	44			2			4			50		
Board of education:												
Administrative ..												
Staff ..												
	49			22			5			24		
	27			17			5			51		

<sup>1</sup> Administrative positions include nursing directors, consultants, and supervisors in public health.

Figure 9. Educational preparation of full- and part-time registered nurses employed for public health work in State and local agencies, January 1968.



SOURCE . Appendix, Tables 1, 14, 15

administrative personnel and staff nurses. Directors of public health nursing services and consultants, as a group, are well prepared educationally. Of State personnel in positions above staff level, 80 percent hold an academic degree and have completed the preparation recommended for public health; 48 percent have a master's degree and public health preparation. Sixty-six percent of all full-time nursing administrators, consultants, and supervisors of local public health services are similarly prepared.

It was of particular interest to note that 68 percent of all nursing directors, consultants, and supervisors in local official public health agencies have an academic degree and public health preparation; almost 24 percent have a master's degree as well as public health preparation. This compares very favorably with reports of local health officers

that show only 28 percent of these administrators educationally prepared in public health. (11)

Although only 5 percent of all nurses in local public health services are employed by combination agencies, the highest percentages of fully prepared nurses at both staff and administrative levels occurred in these combined health department-visiting nurse associations. Administrators and consultants employed by boards of education had low proportions of public health prepared personnel. This finding, considered along with the relatively high proportions of nursing personnel who have an academic degree but no preparation in public health, may indicate that knowledge of public health theory and practice is not considered of much importance to school nursing. It certainly suggests two avenues which need to be explored: (1) the evaluation of the administration and

effectiveness of school health programs which are directed by nurses prepared in public health as compared to those directed by nurses with other types of educational background; (2) the examination by universities of public health curricula for content relevant to school health to determine ways of strengthening this preparation for school nursing practitioners.

A review of table 20 shows that States with the highest proportions of educationally qualified nurses are in the western part of the country. Of the 18 States and Territories which exceed the national average of 30.7 percent of nurses fully prepared with both a baccalaureate or higher degree and approved public health nursing preparation, all but four States, the District of Columbia, and the Virgin Islands, are west of the Mississippi River. These same States and Territories appear when the analysis is based on public health preparation alone. More than 50 percent

*Table 20.—States that exceed the national average in percentage of nurses with both academic degree and public health nursing preparation, January 1968*

State	Percent of nurses
<b>National average</b>	<b>30.7</b>
Alaska	73.7
Washington	60.4
California	59.0
Hawaii	57.3
Oregon	55.2
Colorado	54.2
Minnesota	52.8
Virgin Islands	47.1
Nevada	44.6
District of Columbia	43.4
Wyoming	41.6
New York	41.5
Montana	38.6
Utah	36.9
Indiana	34.8
New Mexico	34.3
Michigan	31.5
Wisconsin	31.4

of the nurses in public health in seven States (Alaska, Hawaii, California, Washington, Oregon, Colorado, and Minnesota) are fully qualified with both an academic degree and approved public health nursing preparation.

### Age and Marital Status

Almost two-thirds of all nurses in public health are married; only 16 percent are single and 10 percent are divorced, widowed, or separated. These distributions, however, exhibit considerable variation when analyzed separately for nurses in the different positions and in various age groups.

Table 21 shows that 45 percent of registered nurses in administration, consultation, and supervision are married and that single nurses in these positions almost equal the size of the married group. These proportions are very different for nurses in staff positions of whom 74 percent are married and only 15 percent are single, demonstrating a differential of almost 60 percent.

Other discrepancies are evident when age groups are compared. As could be expected, there is a much higher proportion of staff nurses under 40 years of age than there is of nurses in administration at this age level. At the same time, it was surprising to find that the highest proportion of nurses in public health, and of those in staff positions as well as in positions of administration and consultation, are between 40 and 60 years of age (63 percent of the administrative group and 51 percent of staff nurses). This finding is consistent with information obtained on the educational experience of the nurses surveyed which showed almost two-thirds had completed their basic education before 1950.

By examining the various age groupings for patterns of marital status, two major characteristics can be cited. In the administration groups, the proportion of married nurses decreases steadily up to the 40-49 age band, plateaus during that period, and after age 50 continues to decline until in the over 60 age group married nurses represent less than one-fourth of all those in administration and consultation. This decline, to some extent at least, influences the steadily increasing proportions of nurses included in the divorced, widowed, and

Table 21.—Percentage distributions of full- and part-time registered nurses<sup>1</sup> in public health, by age, marital status, and position, January 1968

Age	Directors, consultants, and supervisors				Staff nurses			
	Total	Single	Married	Sep./Div./ Wid.	Total	Single	Married	Sep./Div./ Wid.
All ages: Number . . . . .	4,616	1,801	2,095	720	38,112	5,857	28,088	4,167
Percent . . . . .	100	39	45	16	100	15	74	11
Under 30 . . . . .	Num- ber	Per- cent	Per- cent	Per- cent	Num- ber	Per- cent	Per- cent	Per- cent
30-39 . . . . .	301	100	37	61	6,291	100	66	2
40-49 . . . . .	678	100	43	51	6,759	100	79	8
50-59 . . . . .	1,170	100	34	53	11,061	100	82	10
Over 60 . . . . .	1,715	100	36	44	8,395	100	68	19
Age not reported . . . . .	697	100	52	24	2,283	100	44	30
	55	100	35	51	3,323	100	84	3

<sup>1</sup> Excludes 443 nurses (9%) in administrative positions and 4,435 staff nurses (9%) whose marital status was not reported. In both groups the unreported information was distributed equally among all age bands.

separated group. It may also reflect the voluntary withdrawal of married women from positions of responsibility as they become older, the lack of married women to become prepared for these responsibilities, or the influence of customs that tend to enhance the opportunities for single nurses to move into these administrative positions. In any event, the recruitment, preparation and retention of married nurses for public health administration and consultation may be one means of meeting the problem of inadequate direction of nursing programs.

In contrast with the above is the marked excess of married nurses of all age groups in staff positions. This finding shows that large proportions of married women do stay in the public health nurse labor force and, except for those under 30 years of age, only a small proportion of public health nurses are single. These ratios of single to married women in staff positions of public health nursing are more congruent with female populations of the United States in general than are the ratios observed in the administrative groups. The results of these analyses emphasize the importance of looking into reasons for differences observed among the groups and suggest possible untapped

resources for program directors, consultants, and supervisors for public health nursing.

### **Practical Nurses in Public Health**

A few additional findings are worthy to report in regard to age distributions among the populations of nurses. Although the ratios of single to married licensed practical nurses in public health are almost identical to those of registered staff nurses (16 single to 69 married practical nurses), the licensed practical nurses in public health appear to be somewhat younger than the registered staff nurse. Of all practical nurses employed in public health, 20 percent are under 30 and 47 percent are under 40 years of age. This compares favorably with the 34 percent of all the registered staff nurses in public health who are under 40 years of age. Only 22 percent of the licensed practical nurses are over 50 years of age whereas almost 30 percent of the registered staff nurses are in this age grouping. These proportions of young practical nurses already involved in public health work may offer opportunities to test various patterns of career development among this group. If, as would be hoped, their early experiences in public health heighten their learning and motivation, this group could be an important potential for professional nursing through career ladder processes.



**APPENDIX**



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Table 22 — REGISTERED NURSES EMPLOYED FOR PUBLIC HEALTH WORK IN NATIONAL AGENCIES AND UNIVERSITIES, BY HIGHEST DEGREE OR CREDENTIAL AND PUBLIC HEALTH NURSING PREPARATION, JANUARY 1, 1968

AGENCY	TOTAL	GRADUATE DEGREE					BACCALAUREATE					ASSOCIATE DEGREE OR DIPLOMA					OTHER OR NOT SPECIFIED TOTAL		
		TOTAL	PHN PREPARATION			TOTAL	COM- PLETE	INCOM- PLETE	NONE	NOT RE- PORTED	TOTAL	PHN PREPARATION			COM- PLETE	INCOM- PLETE		NONE	NOT RE- PORTED
			COM- PLETE	INCOM- PLETE	NONE							COM- PLETE	INCOM- PLETE	NONE					
TOTAL	1,136 <sup>1/</sup>	751	719	27	3	2	321	274	29	16	2	55	13	22	19	1	9		
AMERICAN NURSES' ASSOCIATION	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
AMERICAN RED CROSS	39	8	8	-	-	-	25	21	4	-	-	6	-	5	1	-	-	-	
ARMY NURSE CORPS	123	37	37	-	-	-	83	83	-	-	-	3	3	-	-	-	-	-	
AIR FORCE NURSE CORPS	30	1	1	-	-	-	8	6	2	-	-	21	-	10	11	-	-	-	
NATIONAL LEAGUE FOR NURSING	7	7	6	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
NAVY NURSE CORPS	11	-	-	-	-	-	11	11	-	-	-	-	-	-	-	-	-	-	
U. S. DEPT. OF H.E. W.																			
CHILDREN'S BUREAU	122 <sup>2/</sup>	11	11	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	
PUBLIC HEALTH SERVICE	113	91	84	4	3	-	12	5	3	3	1	8	2	5	1	-	2	-	
VETERANS ADMINISTRATION	182	47	43	4	-	-	116	98	6	12	-	16	7	2	6	1	3	-	
UNIVERSITIES (191)	618	548	528	18	-	2	65	49	14	1	1	1	1	-	-	-	4	-	

<sup>1/</sup> Includes 51 part time in Universities and 5 part time in National Agencies.

<sup>2/</sup> Includes one other in Welfare Administration and one in Administration on Aging.

Table 23 —PERCENTAGE INCREASE IN NUMBER OF AGENCIES EMPLOYING NURSES FOR PUBLIC HEALTH WORK  
AND OF NURSES EMPLOYED FULL TIME AND PART TIME, JANUARY 1, 1966<sup>1/</sup> TO JANUARY 1, 1968

TYPE OF AGENCY	AGENCIES EMPLOYING NURSES IN PUBLIC HEALTH			REGISTERED NURSES AND LICENSED PRACTICAL NURSES IN PUBLIC HEALTH		
	1966	1968	Increase Number Percent	1966	1968	Increase Number Percent
TOTAL	8,853	9,995	1,142 13	42,161	50,492	8,331 20
NATIONAL AGENCY	9	9	- -	493	518	25 5
UNIVERSITY	180	191	11 6	530	618	88 17
STATE AGENCY	92	111	19 21	1,219	1,500	281 23
LOCAL AGENCY	8,572	9,684	1,112 13	39,919	47,856	7,937 20
OFFICIAL AGENCY	2,503	2,622	119 5	16,979	19,793	2,814 17
VISITING NURSE SERVICE AND OTHER NONOFFICIAL AGENCY	758	765	7 1	5,248	6,235	987 19
COMBINATION AGENCY	85	100	15 18	2,305	2,611	306 13
HOSPITAL BASED PROGRAM	17	127	110 647	47	365	318 677
BOARD OF EDUCATION	5,209	6,070	861 17	15,340	18,852	3,512 23

<sup>1/</sup> U.S. Department of Health, Education, and Welfare, Public Health Service, Division of Nursing. Nurses in Public Health, January 1, 1966.  
PHS Publication No. 786 (Revised 1967). Washington, U. S. Government Printing Office.

Table 24 ---REGISTERED NURSES EMPLOYED FULL TIME FOR PUBLIC HEALTH WORK, AND AVERAGE ANNUAL PERCENTAGE CHANGE, BY TYPE OF AGENCY, SELECTED YEARS 1938-68

TYPE OF AGENCY	REGISTERED NURSES FULL TIME				AVERAGE ANNUAL PERCENT CHANGE		
	1938	1948	1957	1968	1938-48	1948-57	1957-68
TOTAL	19,502	22,605 <u>3/</u>	29,396 <u>4/</u>	43,759	1.5	3.0	3.7
NATIONAL AGENCY	86	222	709	513	6.1	13.7	3.9
UNIVERSITY	37			567			
STATE AGENCY	827	1,003	1,584	1,424	1.9	5.2	-1.0
LOCAL AGENCY	18,552	21,247	26,443	41,255	1.4	2.5	4.1
OFFICIAL AGENCY	8,702 <u>1/</u>	11,171	12,069	17,183	2.5	.9	3.3
NONOFFICIAL AGENCY	5,963 <u>2/</u>	5,057	4,096	4,605	-1.6	-2.3	1.1
COMBINATION AGENCY	-	-	923	2,269	-	-	8.5
HOSPITAL BASED	-	-	-	230	-	-	-
BOARD OF EDUCATION	3,887	5,019	9,355	16,968	2.6	7.2	5.6

1/ Included 116 nurses in Indian Service.

2/ Included 602 nurses in insurance companies.

3/ Total included 133 in schools of nursing not included in University.

4/ Total included 660 clinic nurses not distributed by type of agency.

TABLE 25 --NURSES EMPLOYED FULL TIME AND PART TIME, JANUARY 1, 1960<sup>1/</sup> AND JANUARY 1, 1968

TYPE OF AGENCY	REGISTERED NURSE			LICENSED PRACTICAL NURSE			
	TOTAL 1960	1968	FULL TIME 1960	1968	PART TIME 1960	1968	PART TIME 1960
TOTAL	33,737	48,742	32,145	43,759	1,592	4,983	23
NATIONAL AGENCY	565	518	565	513	-	5	-
UNIVERSITY	332	618	332	567	-	51	-
STATE AGENCY	1,076	1,490	1,067	1,424	9	66	-
LOCAL AGENCY	31,764	46,116	30,181	41,255	1,583	4,861	23
OFFICIAL AGENCY	14,385	19,070	13,788	17,183	597	1,887	9
NONOFFICIAL AGENCY	4,504	5,625	4,168	4,605	336	1,020	11
COMBINATION AGENCY	1,192	2,461	1,165	2,269	27	192	3
HOSPITAL BASED	-	315	-	230	-	85	-
BOARD OF EDUCATION	11,683	18,645	11,060	16,968	623	1,677	-
							4

<sup>1/</sup> U.S. Department of Health, Education, and Welfare, Public Health Service, Division of Nursing. Nurses in Public Health, January 1, 1960.  
PHS Publication No. 785 (Revised 1960). Washington, U. S. Government Printing Office.

Table 26 --- FREQUENCY DISTRIBUTION OF LOCAL AGENCIES BY NUMBER OF REGISTERED NURSES EMPLOYED FULL TIME AND PART TIME  
FOR PUBLIC HEALTH WORK, JANUARY 1, 1968

NUMBER OF FULL-TIME NURSES IN AGENCY	REGISTERED NURSES		NUMBER OF LOCAL AGENCIES BY TYPE							
	TOTAL FULL-TIME NURSES	TOTAL PART-TIME NURSES	TOTAL	HEALTH DEPART- MENT	OTHER OFFICIAL	VISITING NURSE SERVICE	OTHER NON- OFFICIAL	COMBI- NATION AGENCY	HOSPITAL BASED	BOARD OF EDUCA- TION
TOTALS	41,255	4,861	9,617	2,119	501	613	149	100	127	6,008
NO FULL-TIME NURSE	-	1,108	983	100	47	36	21	1	8	770
1	3,499	610	3,499	650	242	185	69	7	66	2,280
2 - 4	5,960	745	2,246	718	140	167	41	19	46	1,115
5 - 9	5,637	499	873	327	38	105	14	19	5	365
10 - 24	7,447	634	517	222	28	89	4	29	2	143
25 - 49	3,973	213	114	48	4	19	-	11	-	32
50 - 99	4,507	425	68	34	2	10	-	11	-	11
100 OR MORE	5,520	461	29	20	-	2	-	3	-	4
SIZE OF AGENCY NOT REPORTED	4,712	166	1,288 1/2	-	-	-	-	-	-	1,288 1/2

1/ New York and Pennsylvania reported total numbers of boards of education or school systems. It is assumed that all of these employed at least one full-time nurse.

Table 27 -- REGISTERED NURSES EMPLOYED FULL TIME OR PART TIME FOR PUBLIC HEALTH WORK IN STATE AND LOCAL AGENCIES,  
BY TYPE OF EMPLOYING AGENCY, JANUARY 1, 1968

STATE	GRAND TOTAL	TOTAL STATE AGENCY	LOCAL AGENCY							HOSPITAL BASED	BOARD OF EDUCATION
			TOTAL	HEALTH DEPART- MENT	OTHER OFFICIAL	VISITING NURSE SERVICE	OTHER NON- OFFICIAL	COMBI- NATION AGENCY			
TOTAL	47606	1490	46116	17346	1724	5241	384	2461	315	18645	
ALABAMA	389	43	346	309	.	22	.	.	.	15	
ALASKA	114	4	110	61	15	.	.	.	.	34	
ARIZONA	631	8	623	154	98	45	.	.	.	326	
ARKANSAS	277	8	269	168	.	7	.	.	.	94	
CALIFORNIA	4740	59	4681	1695	.	405	.	86	.	2495	
COLORADO	697	19	678	59	41	4	8	351	.	215	
CONNECTICUT	1167	26	1141	207	80	463	4	41	2	344	
DELAWARE	254	5	249	2	50	30	3	.	1	163	
DIST. OF COLUMBIA	359	13	381	284	.	49	.	.	.	48	
FLORIDA	1091	45	1046	576	.	131	1	324	9	5	
GEORGIA	807	51	756	588	3	35	1	55	.	74	
HAWAII	157	9	148	122	.	.	.	.	5	21	
IDAHO	149	8	141	29	7	.	.	48	4	53	
ILLINOIS	2162	60	2122	465	155	256	74	95	19	1058	
INDIANA	931	19	912	282	.	107	17	37	3	466	
IOWA	674	27	647	44	44	73	.	49	.	437	
KANSAS	534	36	498	196	4	9	.	.	8	281	
KENTUCKY	449	47	402	318	7	40	1	.	5	31	
LOUISIANA	487	33	454	290	43	22	17	.	24	56	
MAINE	256	17	239	45	65	63	11	.	2	93	
MARYLAND	1144	15	1129	977	.	33	7	.	2	110	
MASSACHUSETTS	2029	40	1989	601	14	647	42	6	9	670	
MICHIGAN	1339	21	1318	684	5	201	13	96	8	311	
MINNESOTA	902	27	875	69	163	41	.	109	9	482	
MISSISSIPPI	326	12	314	289	.	.	.	.	.	25	
MISSOURI	1017	73	944	291	.	94	12	11	10	526	
MONTANA	132	11	121	25	81	.	.	.	.	15	
NEBRASKA	221	12	209	12	.	.	.	53	11	133	
NEVADA	130	4	126	37	18	5	.	16	.	50	
NEW HAMPSHIRE	288	15	273	29	16	84	5	.	7	132	
NEW JERSEY	2532	37	2495	493	51	360	18	73	35	1465	
NEW MEXICO	303	11	292	61	63	12	.	.	.	156	
NEW YORK	5878	47	5831	2019	225	589	62	41	69	2826	
NORTH CAROLINA	940	22	918	643	43	2	5	111	.	114	
NORTH DAKOTA	84	6	78	75	1	.	.	.	.	2	
OHIO	1925	62	1863	802	29	194	18	281	2	537	
OKLAHOMA	431	23	408	156	35	.	3	85	.	129	
OREGON	433	19	414	285	16	24	18	.	5	60	
PENNSYLVANIA	3531	147	3384	292	174	601	20	241	44	2052	
RHODE ISLAND	319	27	292	.	.	175	3	.	.	114	
SOUTH CAROLINA	469	33	436	293	.	10	.	.	.	133	
SOUTH DAKOTA	171	8	163	55	37	6	.	.	4	61	
TENNESSEE	569	27	542	462	6	14	5	.	.	55	
TEXAS	2214	62	2152	637	29	71	.	.	7	1412	
UTAH	198	27	171	121	3	16	.	.	2	29	
VERMONT	180	7	173	8	41	41	.	1	.	82	
VIRGINIA	930	29	901	689	.	47	.	.	.	165	
WASHINGTON	766	19	747	210	.	32	.	241	5	259	
WEST VIRGINIA	270	39	231	128	.	.	7	10	1	81	
WISCONSIN	945	25	920	620	13	170	4	.	.	113	
WYOMING	101	8	93	9	15	.	.	.	.	69	
GUAM	31	2	29	29	.	.	.	.	.	.	
PUERTO RICO	427	21	406	391	.	7	5	.	3	.	
VIRGIN ISLANDS	51	15	36	.	34	.	.	.	.	2	

Table 28-- NUMBER OF STATE AND LOCAL AGENCIES EMPLOYING REGISTERED NURSES FULL TIME AND/OR PART TIME FOR PUBLIC HEALTH WORK,  
BY TYPE OF AGENCY, JANUARY 1, 1968.

STATE	GRAND TOTAL	TOTAL STATE AGENCY	LOCAL AGENCY							
			TOTAL	HEALTH DEPART- MENT	OTHER OFFICIAL	VISITING NURSE SERVICE	OTHER NON- OFFICIAL	COMBI- NATION AGENCY	HOSPITAL BASED	BOARD OF EDUCATION
TOTAL	9728	111	9617	2119	501	613	149	100	127	6002
ALABAMA	77	4	73	66	.	2	.	.	.	5
ALASKA	11	1	10	2	2	.	.	.	.	6
ARIZONA	75	1	74	13	2	2	.	.	.	57
ARKANSAS	142	1	141	70	.	1	.	.	.	70
CALIFORNIA	509	4	505	42	.	23	.	2	.	436
COLORADO	95	1	94	6	25	1	1	7	.	54
CONNECTICUT	220	1	219	18	25	72	2	3	1	98
DELAWARE	58	3	55	1	4	1	1	.	1	47
DIST. OF COLUMBIA	4	1	3	1	.	1	.	.	.	1
FLORIDA	80	2	78	34	.	7	1	34	1	1
GEORGIA	96	1	95	49	2	1	1	1	.	21
HAWAII	6	1	5	2	.	.	.	.	1	2
IDAHO	51	1	50	3	7	.	.	4	2	34
ILLINOIS	657	2	655	62	68	27	29	5	7	457
INDIANA	305	3	302	76	.	11	9	3	2	201
IOWA	330	2	328	26	33	15	.	4	.	250
KANSAS	193	2	191	55	1	1	.	.	5	129
KENTUCKY	160	3	157	122	3	2	1	.	4	25
LOUISIANA	104	3	101	52	21	2	6	.	6	14
MAINE	111	6	105	22	8	26	7	.	1	41
MARYLAND	46	1	45	24	.	1	1	.	1	18
MASSACHUSETTS	570	3	567	150	8	124	18	1	4	262
MICHIGAN	237	3	234	58	3	12	8	2	2	149
MINNESOTA	297	2	295	8	66	2	.	2	4	213
MISSISSIPPI	105	1	104	81	.	.	.	.	.	23
MISSOURI	300	3	297	76	.	3	2	1	6	209
MONTANA	41	1	40	3	27	.	.	.	.	10
NEBRASKA	63	2	61	3	.	.	.	1	4	53
NEVADA	16	1	15	1	2	1	.	1	.	10
NEW HAMPSHIRE	146	3	143	6	2	43	4	.	2	86
NEW JERSEY	699	2	697	127	29	34	9	2	6	490
NEW MEXICO	72	1	71	7	4	1	.	.	.	59
NEW YORK	843	2	841	38	31	25	10	7	38	692
NORTH CAROLINA	178	1	177	79	23	1	4	2	.	68
NORTH DAKOTA	26	2	24	21	1	.	.	.	.	2
OHIO	386	2	384	146	10	17	7	8	2	194
OKLAHOMA	91	4	87	54	6	.	2	3	.	22
OREGON	55	4	51	33	1	1	2	.	2	12
PENNSYLVANIA	758	1	757	5	45	82	11	2	16	596
RHODE ISLAND	59	3	56	.	.	17	2	.	.	37
SOUTH CAROLINA	89	1	88	48	.	2	.	.	.	38
SOUTH DAKOTA	51	2	49	4	2	1	.	.	2	40
TENNESSEE	99	2	97	50	6	1	5	.	.	35
TEXAS	516	3	513	76	16	6	.	.	2	413
UTAH	44	4	40	28	2	1	.	.	1	8
VERMONT	92	2	90	2	5	15	.	1	.	67
VIRGINIA	81	1	80	46	.	5	.	.	.	29
WASHINGTON	101	1	100	29	.	3	.	3	2	63
WEST VIRGINIA	82	2	80	51	.	1	2	1	1	24
WISCONSIN	228	3	225	113	1	16	3	.	.	92
WYOMING	55	1	54	2	8	.	.	.	.	44
GUAM	2	1	1	1	.	.	.	.	.	.
PUERTO RICO	11	1	10	7	.	1	1	.	1	.
VIRGIN ISLANDS	5	2	3	.	2	.	.	.	.	1

Table 29 -- REGISTERED AND LICENSED PRACTICAL NURSES EMPLOYED FULL TIME AND PART TIME FOR PUBLIC HEALTH WORK

IN STATE AND LOCAL AGENCIES, BY TYPE OF POSITION, JANUARY 1, 1968

STATE	REGISTERED NURSE							LICENSED PRACTICAL NURSE		
	TOTAL	FULL TIME	PART TIME	ADMINIS- TRATIVE	CONSUL- TANT	SUPER- VISOR	STAFF	TOTAL	FULL TIME	PART TIME
TOTAL	47606	42679	4927	1209	902	2948	42547	1750	1647	103
ALABAMA	389	358	31	10	9	19	351	3	3	.
ALASKA	114	107	7	3	3	7	101	4	4	.
ARIZONA	631	602	29	9	10	27	585	37	35	2
ARKANSAS	277	275	2	2	4	10	261	34	33	1
CALIFORNIA	4740	4435	305	179	44	220	4297	.	.	.
COLORADO	697	603	94	24	33	39	661	33	30	3
CONNECTICUT	1167	958	209	30	19	85	1029	23	21	2
DELAWARE	254	217	37	4	1	9	240	11	11	.
DIST. OF COLUMBIA	394	381	13	6	7	38	343	84	84	.
FLORIDA	1091	1051	40	54	14	121	902	13	10	3
GEORGIA	807	780	27	16	15	43	713	48	47	1
HAWAII	157	153	4	3	5	19	130	12	12	.
IDAH0	149	117	32	4	3	8	134	6	6	.
ILLINOIS	2182	1919	263	67	68	141	1906	197	192	5
INDIANA	931	838	93	28	18	58	829	24	20	4
IOWA	674	531	143	22	11	19	622	16	14	2
KANSAS	534	462	72	11	25	23	475	5	3	2
KENTUCKY	449	407	42	11	16	17	405	14	12	2
LOUISIANA	487	470	17	16	19	51	401	32	30	2
MAINE	256	216	40	12	9	16	219	1	1	.
MARYLAND	1144	956	188	35	19	78	1012	17	17	.
MASSACHUSETTS	2029	1731	298	69	36	120	1804	70	57	13
MICHIGAN	1339	1164	175	42	41	108	1148	79	72	7
MINNESOTA	902	863	239	19	25	47	811	30	25	5
MISSISSIPPI	326	324	2	2	10	13	291	2	2	.
MISSOURI	1017	927	90	16	20	64	918	32	31	1
MONTANA	132	121	11	1	8	15	108	2	2	.
NEBRASKA	221	180	41	8	3	7	203	7	6	1
NEVADA	130	101	29	6	.	11	113	3	3	.
NEW HAMPSHIRE	288	211	77	7	5	11	265	3	2	1
NEW JERSEY	2532	2211	321	58	26	119	2329	70	67	3
NEW MEXICO	303	287	16	3	13	7	280	13	12	1
NEW YORK	5878	5363	515	101	65	376	5336	198	192	6
NORTH CAROLINA	940	882	58	15	25	56	844	22	20	2
NORTH DAKOTA	84	81	3	3	4	13	64	2	1	1
OHIO	1925	1702	223	51	57	154	1663	83	80	3
OKLAHOMA	431	399	32	9	11	26	385	32	32	.
OREGON	433	364	69	9	10	40	374	23	18	5
PENNSYLVANIA	3531	3210	321	61	28	185	3257	70	65	5
RHODE ISLAND	319	285	34	13	15	27	264	25	24	1
SOUTH CAROLINA	469	441	28	9	10	36	414	14	12	2
SOUTH DAKOTA	171	116	55	6	4	6	155	12	11	1
TENNESSEE	569	556	13	9	11	48	501	66	65	1
TEXAS	2214	2147	67	33	30	88	2063	118	118	.
UTAH	198	186	12	9	18	9	162	2	2	.
VERMONT	180	131	49	7	3	9	161	5	2	3
VIRGINIA	930	897	33	16	11	55	848	26	26	.
WASHINGTON	766	661	105	21	18	58	669	17	14	3
WEST VIRGINIA	270	262	8	5	8	18	239	5	4	1
WISCONSIN	945	690	255	19	19	97	810	36	30	6
WYOMING	101	81	20	2	2	4	93	.	.	.
GUAM	31	31	.	2	.	6	23	3	3	.
PUERTO RICO	427	388	39	10	10	62	345	66	64	2
VIRGIN ISLANDS	51	50	1	3	4	3	41	.	.	.

TABLE 30 --RATIOS OF FULL-TIME REGISTERED NURSES EMPLOYED FOR PUBLIC HEALTH IN STATE AND LOCAL AGENCIES  
AND PERCENT PREPARED IN PUBLIC HEALTH, JANUARY 1968

STATE	NURSES PER 100,000 POPULATION	POPULATION PER NURSE	PERCENT/NURSE PREPARED IN PUBLIC HEALTH
U.S. and Territories	21.3	4703	38.5
ALABAMA	10.1	9891	24.3
ALASKA	39.3	2542	85.0
ARIZONA	26.6	2731	37.9
ARKANSAS	13.8	7255	21.5
CALIFORNIA	23.5	4261	63.6
COLORADO	29.9	3347	62.3
CONNECTICUT	32.9	3044	34.8
DELAWARE	41.4	2415	21.2
DIST. OF COLUMBIA	47.2	2121	48.6
FLORIDA	17.4	5753	36.2
GEORGIA	17.3	5781	27.0
HAWAII	20.1	4974	91.5
IDAHO	16.6	6009	30.2
ILLINOIS	17.6	5666	33.7
INDIANA	16.7	5992	41.0
IOWA	19.3	5181	21.1
KANSAS	20.3	4937	20.8
KENTUCKY	12.7	7882	16.5
LOUISIANA	12.8	7809	27.4
MAINE	21.9	4565	34.3
MARYLAND	26.0	3850	37.4
MASSACHUSETTS	32.0	3129	28.1
MICHIGAN	13.5	7401	34.5
MINNESOTA	18.3	5469	70.4
MISSISSIPPI	13.8	7231	7.1
MISSOURI	20.2	4950	17.0
MONTANA	17.2	5769	53.7
NEBRASKA	12.5	8011	25.0
NEVADA	22.9	4356	50.5
NEW HAMPSHIRE	30.6	3270	15.2
NEW JERSEY	31.7	3153	35.0
NEW MEXICO	28.4	3523	48.8
NEW YORK	29.8	3358	50.2
NORTH CAROLINA	17.4	5751	31.4
NORTH DAKOTA	12.8	7790	39.5
OHIO	16.2	6167	27.0
OKLAHOMA	15.9	6301	18.8
OREGON	18.4	5437	67.9
PENNSYLVANIA	27.5	3636	24.9
RHODE ISLAND	31.7	3154	36.5
SOUTH CAROLINA	16.6	6041	22.2
SOUTH DAKOTA	17.4	5759	37.9
TENNESSEE	14.1	7085	28.8
TEXAS	19.8	5052	27.6
UTAH	18.2	5495	45.2
VERMONT	31.4	3183	30.5
VIRGINIA	19.7	5068	30.2
WASHINGTON	20.6	4863	71.1
WEST VIRGINIA	14.5	6912	11.8
WISCONSIN	16.5	6075	51.9
WYOMING	25.3	3951	51.3
GUAM	33.0	3032	9.7
PUERTO RICO	14.4	6951	12.9
VIRGIN ISLANDS	89.3	1120	50.0

TABLE 31 -- RATIOS OF FULL-AND PART-TIME REGISTERED NURSES EMPLOYED FOR PUBLIC HEALTH IN STATE AND LOCAL AGENCIES, EXCLUDING LOCAL BOARDS OF EDUCATION, AND PERCENT PREPARED IN PUBLIC HEALTH<sup>1/</sup> JANUARY 1968

STATE	NURSES PER 100,000 POPULATION	POPULATION PER NURSE	PERCENT/NURSE PREPARED IN PUBLIC HEALTH
U.S. and Territories	14.6	6832	40.5
ALABAMA	10.6	9467	16.2
ALASKA	29.4	3400	85.3
ARIZONA	16.6	5390	53.5
ARKANSAS	9.2	10902	17.9
CALIFORNIA	11.9	8418	77.6
COLORADO	23.9	4187	65.2
CONNECTICUT	28.2	3543	41.6
DELAWARE	17.4	5714	43.7
DIST. OF COLUMBIA	42.8	2335	52.6
FLORIDA	18.0	5567	34.7
GEORGIA	16.3	6151	25.9
HAWAII	17.9	5596	98.4
IDaho	13.7	7323	36.0
ILLINOIS	10.3	9674	26.8
INDIANA	9.3	10798	26.0
IOWA	8.6	11608	22.5
KANSAS	11.1	9016	15.8
KENTUCKY	13.0	7674	15.1
LOUISIANA	11.7	8515	18.6
MAINE	20.6	4857	35.8
MARYLAND	28.1	3560	37.0
MASSACHUSETTS	25.1	3985	30.9
MICHIGAN	11.9	8380	34.9
MINNESOTA	11.6	8633	77.5
MISSISSIPPI	12.8	7784	2.8
MISSOURI	10.7	9346	17.1
MONTANA	16.8	5966	52.5
NEBRASKA	6.1	16386	58.2
NEVADA	18.2	5500	46.2
NEW HAMPSHIRE	22.6	4423	16.5
NEW JERSEY	15.3	6533	28.7
NEW MEXICO	14.5	6878	50.0
NEW YORK	16.9	5900	60.9
NORTH CAROLINA	16.3	6140	30.5
NORTH DAKOTA	13.0	7695	37.0
OHIO	13.2	7563	26.2
OKLAHOMA	12.0	8326	19.8
OREGON	18.5	5392	71.9
PENNSYLVANIA	12.8	7890	34.9
RHODE ISLAND	22.8	4385	31.8
SOUTH CAROLINA	12.6	7929	22.5
SOUTH DAKOTA	16.3	6073	48.6
TENNESSEE	13.0	7663	28.6
TEXAS	7.4	13525	33.9
UTAH	16.3	6047	36.6
VERMONT	23.5	4255	40.3
VIRGINIA	19.3	5942	29.1
WASHINGTON	15.8	6341	67.5
WEST VIRGINIA	10.4	9582	8.7
WISCONSIN	19.8	5038	53.3
WYOMING	10.0	10000	83.3
GUAM	33.0	3032	3.4
PUERTO RICO	15.8	6317	10.9
VIRGIN ISLANDS	87.5	11429	33.3

<sup>1/</sup> Percentages include only full-time nurses in local agencies.

Table 32 -- CONSULTANT NURSES IN STATE AND LOCAL PUBLIC HEALTH AGENCIES,  
BY PRIMARY AREA OF RESPONSIBILITY, 1962, 1966, AND 1968

PRIMARY AREA OF RESPONSIBILITY	1962 <sup>1/</sup>	1966	1968	
			TOTAL	PART TIME
TOTAL	732	1015	902	29
GENERALIZED	175	197	209	4
SPECIALIZED	557	818	693	25
CHRONIC <sup>2/</sup>	77	71	60	1
CIVIL DEFENSE	8	4	6	-
COMMUNICABLE	63	66	74	2
EDUCATION	27	19	14	-
GERIATRICS	-	8	9	-
HOSPITAL	29	27	44	-
HOME CARE	-	-	41	3
MATERNAL AND CHILD HEALTH	72	111	133	2
MENTAL HEALTH	47	48	57	8
MENTAL RETARDATION	11	16	12	2
NURSING HOME	66	38	54	-
OCCUPATIONAL HEALTH	29	19	19	1
ORTHOPEDIC	102	86	81	2
PHYSICAL THERAPY	-	18	21	1
SCHOOL HEALTH	15	23	26	-
SPECIALIZED PROJECT AND CATEGORICAL PROGRAM	-	250	33	3
OTHER SPECIALTY	11	12	7	-

<sup>1/</sup> Data on consultants working part time were not reported in 1962.

<sup>2/</sup> Chronic includes cancer, heart disease, other chronic and rehabilitation in both years. Rheumatic fever, counted under "Other" in 1962, is included with "Chronic" in 1966.

Table 33 -- MARITAL STATUS AND AGE GROUP OF NURSES EMPLOYED FOR PUBLIC HEALTH WORK,  
BY TYPE OF POSITION, JANUARY 1, 1968

MARITAL STATUS AND AGE GROUP	GRAND TOTAL	REGISTERED NURSE					LICENSED PRACTICAL NURSE		
		TOTAL	FULL TIME		PART TIME		TOTAL	FULL TIME	PART TIME
			ADMINIS- TRATIVE <sup>1/</sup>	STAFF	ADMINIS- TRATIVE <sup>1/</sup>	STAFF			
TOTAL	49356	47606	4868	37811	191	4736	1750	1647	103
UNDER 30	7682	7331	300	6493	22	516	351	338	13
30-39	8692	8214	677	6086	62	1389	478	455	23
40-49	14057	13554	1253	10531	53	1717	503	474	29
50-59	11715	11399	1844	8699	39	817	316	291	25
60 AND OVER	3347	3283	730	2323	15	215	64	51	13
AGE NOT REPORTED	3863	3825	64	3679	.	82	38	38	.
SINGLE	7940	7658	1771	5727	30	190	282	268	14
UNDER 30	2260	2140	109	2001	3	27	120	120	.
30-39	1243	1183	285	865	7	26	60	58	2
40-49	1300	1248	396	822	4	26	52	49	3
50-59	1704	1675	608	1045	7	15	29	26	3
60 AND OVER	969	949	354	551	9	35	20	14	6
AGE NOT REPORTED	464	463	19	443	.	1	1	1	.
MARRIED	31387	30183	1953	24051	142	4037	1204	1126	78
UNDER 30	4523	4321	167	3680	16	458	202	190	12
30-39	6061	5704	293	4112	52	1247	337	339	18
40-49	10034	9661	569	7553	45	1494	373	350	23
50-59	6707	6499	730	5072	26	671	208	188	20
60 AND OVER	1215	1186	166	901	3	116	29	24	5
AGE NOT REPORTED	2847	2812	28	2793	.	51	35	35	.
WIDOWED, DIVORCED, OR SEPARATED	5145	4887	707	3905	13	262	258	247	11
UNDER 30	157	131	5	116	1	9	26	25	1
30-39	609	550	39	471	2	38	59	56	3
40-49	1400	1322	154	1085	2	81	78	75	3
50-59	2015	1936	339	1518	5	74	79	77	2
60 AND OVER	860	845	162	621	3	59	15	13	2
AGE NOT REPORTED	104	103	8	94	.	1	1	1	.
NOT REPORTED	4884	4878	437	4128	6	307	6	6	.
UNDER 30	742	739	19	696	2	22	3	3	.
30-39	779	777	60	698	1	78	2	2	.
40-49	1323	1323	134	1071	2	116	.	.	.
50-59	1289	1289	167	1064	1	57	.	.	.
60 AND OVER	303	303	48	250	.	5	.	.	.
AGE NOT REPORTED	448	447	9	409	.	29	1	1	.

<sup>1/</sup> Administrative includes directors, assistant directors, consultants, and supervisors.

Table 34 -- LICENSED PRACTICAL NURSES EMPLOYED FULL TIME AND PART TIME FOR PUBLIC HEALTH WORK,  
BY TYPE OF EMPLOYING AGENCY, JANUARY 1, 1968

STATE	TOTAL	EMPLOYMENT STATUS		TYPE OF AGENCY							
		FULL TIME	PART TIME	STATE	LOCAL						
					HEALTH DEPART- MENT	OTHER OFFICIAL	VISITING NURSE SERVICE	OTHER NON- OFFICIAL	COMBI- NATION	HOSPITAL BASED	BOARD OF EDUCATION
TOTAL	1750	1647	103	10	618	105	554	56	150	50	207
ALABAMA	3	3	•	•	•	•	2	•	•	•	1
ALASKA	4	4	•	•	2	2	•	•	•	•	•
ARIZONA	37	35	2	•	4	23	10	•	•	•	•
ARKANSAS	34	33	1	•	•	•	2	•	•	•	32
CALIFORNIA	•	•	•	•	•	•	•	•	•	•	•
COLORADO	33	30	3	•	1	•	•	•	32	•	•
CONNECTICUT	23	21	2	•	•	•	22	•	•	•	1
DELAWARE	11	11	•	•	•	2	9	•	•	•	•
DIST. OF COLUMBIA	84	84	•	•	67	•	17	•	•	•	•
FLORIDA	13	10	3	•	1	•	8	•	•	4	•
GEORGIA	48	47	1	1	26	1	•	•	5	•	15
HAWAII	12	12	•	•	12	•	•	•	•	•	•
IDAHO	6	6	•	•	•	•	•	•	4	2	•
ILLINOIS	197	192	5	•	65	22	23	6	7	20	54
INDIANA	24	20	4	•	13	•	7	1	2	1	•
IOWA	16	14	2	•	•	•	14	•	2	•	•
KANSAS	5	3	2	•	3	2	•	•	•	•	•
KENTUCKY	14	12	2	•	•	•	•	•	•	2	12
LOUISIANA	32	30	2	•	3	1	15	3	•	5	5
MAINE	1	1	•	•	1	•	•	•	•	•	•
MARYLAND	17	17	•	•	•	•	13	•	•	•	4
MASSACHUSETTS	70	57	13	•	5	1	54	9	•	•	1
MICHIGAN	79	72	7	•	15	•	49	1	10	3	1
MINNESOTA	30	25	5	•	1	9	9	•	10	•	1
MISSISSIPPI	2	2	•	•	•	•	•	•	•	•	2
MISSOURI	32	31	1	•	13	•	8	•	1	1	9
MONTANA	2	2	•	•	•	2	•	•	•	•	•
NEBRASKA	7	6	1	•	•	•	•	•	7	•	•
NEVADA	3	3	•	•	1	•	•	•	2	•	•
NEW HAMPSHIRE	3	2	1	•	•	•	3	•	•	•	•
NEW JERSEY	70	67	3	•	13	1	47	1	6	1	1
NEW MEXICO	13	12	1	•	2	9	1	•	•	•	1
NEW YORK	198	192	6	•	82	•	107	6	2	1	•
NORTH CAROLINA	22	20	2	•	6	6	•	4	4	•	2
NORTH DAKOTA	2	1	1	•	2	•	•	•	•	•	•
OHIO	83	80	3	•	40	•	13	10	19	1	•
OKLAHOMA	32	32	•	•	9	5	•	•	16	•	2
OREGON	23	18	5	•	11	4	3	1	•	2	•
PENNSYLVANIA	70	65	5	•	1	1	49	6	9	2	2
RHODE ISLAND	25	24	1	•	•	•	25	•	•	•	•
SOUTH CAROLINA	14	12	2	•	•	•	2	•	•	•	12
SOUTH DAKOTA	12	11	1	•	1	11	•	•	•	•	•
TENNESSEE	66	65	1	•	46	•	•	•	•	•	20
TEXAS	118	118	•	5	73	1	12	•	•	3	24
UTAH	2	2	•	•	2	•	•	•	•	•	•
VERMONT	5	2	3	•	1	•	4	•	•	•	•
VIRGINIA	26	26	•	•	16	•	6	•	•	•	4
WASHINGTON	17	14	3	•	2	•	1	•	12	1	1
WEST VIRGINIA	5	4	1	2	3	•	•	•	•	•	•
WISCONSIN	36	30	6	•	17	•	19	•	•	•	•
WYOMING	•	•	•	•	•	•	•	•	•	•	•
GUAM	3	3	•	•	3	•	•	•	•	•	•
PUERTO RICO	66	64	2	2	55	•	•	8	•	1	•
VIRGIN ISLANDS	•	•	•	•	•	•	•	•	•	•	•

Table 35 — LICENSED PRACTICAL NURSES EMPLOYED FULL TIME AND PART TIME FOR PUBLIC HEALTH WORK,  
BY TYPE OF EMPLOYING AGENCY, MARITAL STATUS, AND AGE GROUP, JANUARY 1, 1968

MARITAL STATUS AND AGE GROUP	TOTAL	EMPLOYMENT STATUS		TYPE OF AGENCY							
				STATE	LOCAL				COMB- NATION	HOSPITAL BASED	BOARD OF EDUCATION
		FULL TIME	PART TIME		HEALTH DEPART- MENT	OTHER OFFICIAL	VISITING NURSE SERVICE	OTHER NON- OFFICIAL			
TOTAL	1750	1647	103	10	618	105	554	56	150	50	207
UNDER 30	351	338	13	4	109	20	140	14	21	9	34
30-39	478	425	23	3	176	37	147	11	50	16	58
40-49	503	474	29	1	194	32	147	15	60	16	38
50-59	316	291	25	2	113	14	97	10	33	8	39
60 AND OVER	64	51	13	•	25	2	22	6	4	1	4
AGE NOT REPORTED	38	38	•	•	1	•	1	•	2	•	34
SINGLE	282	268	14	2	61	10	137	37	20	3	12
UNDER 30	120	120	•	1	23	2	69	10	8	1	6
30-39	60	58	2	1	14	5	29	5	2	2	2
40-49	52	49	3	•	11	1	22	12	5	•	1
50-59	29	26	3	•	7	1	9	6	4	•	2
60 AND OVER	20	14	6	•	6	1	8	4	1	•	•
AGE NOT REPORTED	1	1	•	•	•	•	•	•	•	•	1
MARRIED	1204	1126	78	8	461	78	336	14	103	41	163
UNDER 30	202	190	12	3	76	15	63	2	13	8	22
30-39	357	339	18	2	142	25	96	5	24	12	51
40-49	373	350	23	1	155	27	100	3	45	14	28
50-59	208	188	20	2	74	10	68	4	18	6	26
60 AND OVER	29	24	5	•	13	1	8	•	2	1	4
AGE NOT REPORTED	35	35	•	•	1	•	1	•	1	•	32
WIDOWED, DIVORCED, OR SEPARATED	258	247	11	•	92	17	80	5	27	6	31
UNDER 30	26	25	1	•	7	3	8	2	•	•	6
30-39	59	56	3	•	19	7	21	1	4	2	5
40-49	78	75	3	•	28	4	25	•	10	2	9
50-59	79	77	2	•	32	3	20	•	11	2	11
60 AND OVER	15	13	2	•	6	•	6	2	1	•	•
AGE NOT REPORTED	1	1	•	•	•	•	•	•	1	•	•
NOT REPORTED	6	6	•	•	4	•	1	•	•	•	1
UNDER 30	3	3	•	•	3	•	1	•	•	•	•
30-39	2	2	•	•	1	•	1	•	•	•	•
40-49	•	•	•	•	•	•	•	•	•	•	•
50-59	•	•	•	•	•	•	•	•	•	•	•
60 AND OVER	•	•	•	•	•	•	•	•	•	•	•
AGE NOT REPORTED	1	1	•	•	•	•	•	•	•	•	1

Table 36 — DISTRIBUTION OF REGISTERED NURSES EMPLOYED FOR PUBLIC HEALTH WORK FULL TIME AND PART TIME REPORTING HIGHEST DEGREE OR CREDENTIAL AND/OR PUBLIC HEALTH PREPARATION, BY TYPE OF AGENCY, JANUARY 1, 1968

TYPE OF AGENCY	TOTAL NURSES	REGISTERED NURSES REPORTING					
		BOTH HIGHEST CREDENTIAL AND PUBLIC HEALTH PREPARATION	HIGHEST CREDENTIAL ONLY	PUBLIC HEALTH PREPARATION ONLY	NEITHER HIGHEST CREDENTIAL NOR PUBLIC HEALTH PREPARATION		
		NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
TOTAL	48,742	48,385	99.27	206 <sup>1/</sup>	0.42	25 <sup>2/</sup>	*
NATIONAL AGENCY	518	511	98.65	2	0.39	-	-
UNIVERSITY	618	611	98.87	3	0.48	-	-
STATE AND LOCAL AGENCY	47,606	47,263	99.28	201	0.42	25	-
						117	0.25

\* Less than .05%.

<sup>1/</sup> 20 of these had degrees.

<sup>2/</sup> 11 reported public health preparation completed.

Table 37--NUMBER OF STAFF LEVEL REGISTERED NURSES, BY TYPE OF EMPLOYING AGENCY AND EDUCATIONAL PREPARATION,  
JANUARY 1, 1968

HIGHEST EDUCATIONAL CREDENTIAL BY PUBLIC HEALTH NURSING PREPARATION	TOTAL FULL & PART TIME	TOTAL PART TIME	FULL TIME					BOARD OF EDUCATION
			TOTAL FULL TIME	STATE AGENCY	LOCAL AGENCY			
					OFFICIAL	NON- OFFICIAL	COMBI- NATION	
TOTAL	42,547	4,736	37,811	519	15,057	3,785	1,871	16,579
PHN COMPLETE	13,690	1,068	12,622	267	5,211	1,020	856	5,238
PHN INCOMPLETE	8,089	856	7,233	75	3,009	887	263	2,999
PHN NONE	20,458	2,800	17,658	176	6,816	1,870	720	8,076
PHN NOT REPORTED	310	12	298	1	21	8	2	266
GRADUATE	1,320	66	1,254	26	185	62	53	928
PHN COMPLETE	1,028	51	977	25	170	53	51	678
PHN INCOMPLETE	108	6	102	1	7	6	2	86
PHN NONE	182	9	173	-	8	3	-	162
PHN NOT REPORTED	2	-	2	-	-	-	-	2
BACCALAUREATE	13,530	1,082	12,448	145	4,179	983	802	6,339
PHN COMPLETE	10,147	808	9,339	136	3,818	854	763	3,768
PHN INCOMPLETE	1,022	110	912	3	171	71	19	648
PHN NONE	2,350	164	2,186	6	190	58	20	1,912
PHN NOT REPORTED	11	-	11	-	-	-	-	11
ASSOCIATE DEGREE/DIPLOMA	27,561	3,584	23,977	345	10,689	2,734	1,014	9,195
PHN COMPLETE	2,508	209	2,299	104	1,221	113	72	789
PHN INCOMPLETE	6,952	740	6,212	71	2,830	808	242	2,261
PHN NONE	17,920	2,627	15,293	170	6,617	1,808	700	5,998
PHN NOT REPORTED	181	8	173	-	21	5	-	147
UNKNOWN	136	4	132	3	4	6	2	117
PHN COMPLETE	7	-	7	2	2	-	-	3
PHN INCOMPLETE	7	-	7	-	1	2	-	4
PHN NONE	6	-	6	-	1	1	-	4
PHN NOT REPORTED	116	4	112	-	-	3	2	106

Table 38 --NUMBER OF ADMINISTRATORS, CONSULTANTS, SUPERVISORS, BY TYPE OF EMPLOYING AGENCY AND EDUCATIONAL PREPARATION,  
JANUARY 1, 1968

HIGHEST EDUCATIONAL CREDENTIAL BY PUBLIC HEALTH NURSING PREPARATION	TOTAL FULL & PART TIME	TOTAL PART TIME	FULL TIME					BOARD OF EDUCATION
			TOTAL FULL TIME	STATE AGENCY	LOCAL AGENCY			
					OFFICIAL	NON- OFFICIAL	COMBI- NATION	
TOTAL	5,059	191	4,868	905	2,126	1,050	398	389
PHN COMPLETE	3,826	126	3,700	778	1,661	723	328	210
PHN INCOMPLETE	623	20	603	48	266	168	38	83
PHN NONE	602	43	559	79	197	156	31	96
PHN NOT REPORTED	8	2	6	-	2	3	1	-
GRADUATE	1,516	31	1,485	439	466	299	144	137
PHN COMPLETE	1,429	26	1,403	421	451	283	141	107
PHN INCOMPLETE	37	3	34	4	3	10	2	15
PHN NONE	49	1	48	14	12	6	1	15
PHN NOT REPORTED	1	1	-	-	-	-	-	-
BACCALAUREATE	2,240	105	2,135	342	1,048	435	171	139
PHN COMPLETE	2,022	92	1,930	303	994	385	164	84
PHN INCOMPLETE	117	6	111	12	34	37	4	24
PHN NONE	99	6	93	27	20	12	3	31
PHN NOT REPORTED	2	1	1	-	-	1	-	-
ASSOCIATE DEGREE/DIPLOMA	1,297	55	1,242	122	611	313	83	113
PHN COMPLETE	371	8	363	53	215	53	23	19
PHN INCOMPLETE	469	11	458	32	229	121	32	44
PHN NONE	453	36	417	37	165	138	27	50
PHN NOT REPORTED	4	-	4	-	2	1	1	-
UNKNOWN	6	-	6	2	1	3	-	-
PHN COMPLETE	4	-	4	1	1	2	-	-
PHN INCOMPLETE	-	-	-	-	-	-	-	-
PHN NONE	1	-	1	1	-	-	-	-
PHN NOT REPORTED	1	-	1	-	-	1	-	-

Table 39 -- TOTAL NUMBER OF CONSULTANTS, BY TYPE OF EMPLOYING AGENCY AND EDUCATIONAL PREPARATION,  
JANUARY 1, 1968

HIGHEST EDUCATIONAL CREDENTIAL BY PUBLIC HEALTH NURSING PREPARATION	TOTAL 1/	STATE AGENCY	LOCAL AGENCY							
			TOTAL	HEALTH DEPART- MENT	OTHER OFFI- CIAL	VISITING NURSE SERVICE	ESTAB- LISHED HOME CARE	OTHER NON- OFFI- CIAL	COMBI- NATION AGENCY	BOARD OF EDU- CATION
TOTAL	902	657	245	122	17	45	7	39	•	15
PHN COMPLETE	756	551	205	110	14	37	3	30	•	11
PHN INCOMPLETE	54	33	21	4	3	5	1	6	•	2
PHN NONE	89	73	16	8	•	•	3	3	•	2
PHN NOT REPORTED	3	•	3	•	•	3	•	•	•	•
GRADUATE										
PHN COMPLETE	416	303	113	51	8	22	2	23	•	7
PHN INCOMPLETE	10	3	7	1	•	2	•	2	•	2
PHN NONE	18	13	5	5	•	•	•	•	•	•
PHN NOT REPORTED	1	•	1	•	•	1	•	•	•	•
BACCALAUREATE										
PHN COMPLETE	295	218	77	52	5	10	•	7	•	3
PHN INCOMPLETE	12	9	3	•	2	1	•	•	•	•
PHN NONE	30	27	3	1	•	•	•	•	•	2
PHN NOT REPORTED	2	•	2	•	•	2	•	•	•	•
DIPLOMA										
PHN COMPLETE	45	30	15	7	1	5	1	•	•	1
PHN INCOMPLETE	32	21	11	3	1	2	1	4	•	•
PHN NONE	40	32	8	2	•	•	3	3	•	•
PHN NOT REPORTED	•	•	•	•	•	•	•	•	•	•
UNKNOWN										
PHN COMPLETE	•	•	•	•	•	•	•	•	•	•
PHN INCOMPLETE	•	•	•	•	•	•	•	•	•	•
PHN NONE	1	1	•	•	•	•	•	•	•	•
PHN NOT REPORTED	•	•	•	•	•	•	•	•	•	•

1/ Includes 873 working full time and 29 part time

Table 40 -- PERCENT OF FULL-TIME REGISTERED NURSES HOLDING BACCALAUREATE OR HIGHER DEGREES AND PERCENT PREPARED IN PUBLIC HEALTH NURSING, 1948, 1957, AND 1968

STATE	NUMBER REPORTING HIGHEST DEGREE OR CREDENTIAL			PERCENT WITH BACCALAUREATE OR HIGHER DEGREE			NUMBER REPORTING PHN PREPARATION			PERCENT WHO COMPLETED APPROVED PHN PREPARATION		
	1948	1957	1968	1948	1957	1968	1948	1957	1968	1948	1957	1968
TOTAL	22057	28599	42541	16.0	28.8	40.7	22057	28573	42375	31.1	38.4	38.5
ALABAMA	192	239	358	6.3	10.9	20.1	192	239	358	17.2	22.2	24.3
ALASKA	35	56	105	60.0	73.2	77.1	35	56	107	85.7	82.1	86.0
ARIZONA	142	250	504	14.8	22.0	34.1	142	250	504	35.9	25.2	37.9
ARKANSAS	114	127	271	9.6	11.0	7.7	114	127	181	30.7	36.2	21.5
CALIFORNIA	1689	2916	4435	29.7	52.0	74.9	1689	2916	4435	39.0	51.4	63.6
COLORADO	176	304	602	25.0	48.0	63.6	176	304	602	34.7	46.7	62.3
CONNECTICUT	543	667	957	17.5	29.4	35.3	543	667	957	25.6	24.9	34.8
DELAWARE	86	123	217	5.7	8.1	16.6	86	124	217	22.7	29.0	21.2
DIST. OF COLUMBIA	168	227	381	31.5	57.3	68.3	168	202	381	53.6	80.2	48.6
FLORIDA	328	538	1051	13.7	20.6	29.8	328	538	1051	29.0	29.8	36.2
GEORGIA	402	577	779	14.2	16.3	19.5	402	577	779	20.9	30.0	27.0
HAWAII	99	99	153	32.3	27.3	59.5	99	99	153	83.8	97.0	91.5
IDaho	50	77	116	30.0	24.7	29.3	50	77	116	56.0	31.2	30.2
ILLINOIS	1138	1390	1916	11.3	24.5	35.6	1138	1388	1916	27.0	30.8	33.7
INDIANA	438	528	838	19.4	33.5	41.4	438	528	822	32.6	44.9	41.0
IOWA	225	294	531	16.0	22.4	24.3	225	294	535	36.9	33.7	21.1
KANSAS	182	255	462	14.8	16.5	22.3	182	255	461	25.8	22.4	20.8
KENTUCKY	252	304	405	8.7	10.9	13.8	252	304	406	21.0	17.8	16.5
LOUISIANA	226	278	470	12.4	18.0	21.5	226	278	460	27.9	21.9	27.4
MAINE	147	147	216	10.2	12.2	15.7	147	147	216	36.7	34.0	34.3
MARYLAND	425	536	956	12.7	20.5	34.0	425	536	956	21.2	23.7	37.4
MASSACHUSETTS	1366	1347	1730	4.2	20.5	25.3	1366	1347	1730	13.3	26.8	28.2
MICHIGAN	818	896	1164	22.9	35.5	41.8	818	896	1164	31.6	50.8	34.5
MINNESOTA	431	478	663	41.3	45.6	64.6	431	478	663	59.2	67.6	70.4
MISSISSIPPI	174	234	324	10.3	6.8	6.8	174	234	324	20.1	14.1	7.1
MISSOURI	371	498	925	21.6	24.7	20.8	371	498	925	38.3	29.3	17.0
MONTANA	53	72	121	20.8	26.4	41.3	53	72	121	56.6	43.1	53.7
NEBRASKA	110	112	180	27.3	37.5	47.2	110	112	180	26.4	21.4	25.0
NEVADA	20	40	101	30.0	35.0	49.5	20	40	101	40.0	37.5	50.5
NEW HAMPSHIRE	152	184	211	2.6	9.2	13.3	152	184	211	12.5	27.7	15.2
NEW JERSEY	1350	1646	2208	9.0	19.4	36.8	1350	1646	2183	15.3	29.7	35.0
NEW MEXICO	102	158	287	18.6	31.0	40.8	102	158	287	52.9	52.5	48.8
NEW YORK	3205	3975	5361	21.7	38.7	53.5	3205	3975	5337	42.9	60.1	50.2
NORTH CAROLINA	386	543	881	8.3	13.3	21.7	386	543	882	27.7	34.4	31.4
NORTH DAKOTA	45	62	81	15.6	11.3	22.2	45	62	81	46.7	27.4	39.5
OHIO	1042	1284	1698	15.7	25.8	31.5	1042	1284	1701	22.1	25.2	27.0
OKLAHOMA	148	227	399	12.8	15.9	16.3	148	227	398	29.0	22.0	18.8
OREGON	135	191	364	45.9	54.5	64.8	135	191	364	85.9	80.1	67.9
PENNSYLVANIA	1990	2313	3204	7.3	21.8	45.8	1990	2313	3205	17.6	25.2	24.9
RHODE ISLAND	222	242	285	7.7	21.1	30.5	222	242	285	22.1	25.6	36.5
SOUTH CAROLINA	257	297	441	6.2	9.8	15.9	257	297	441	14.8	20.2	22.2
SOUTH DAKOTA	39	43	116	15.4	25.6	35.3	39	43	116	33.3	30.2	27.9
TENNESSEE	310	313	556	17.4	18.2	21.6	310	313	556	32.0	35.5	28.8
TEXAS	461	1098	2145	11.9	25.9	34.3	461	1098	2144	21.4	21.9	27.6
UTAH	100	145	186	14.0	29.0	39.8	100	145	186	47.0	46.9	45.2
VERMONT	82	94	131	9.8	18.1	22.1	82	94	131	30.5	37.2	30.5
VIRGINIA	384	534	897	12.5	15.9	26.8	384	534	896	47.1	43.4	30.2
WASHINGTON	300	438	659	32.3	45.9	67.7	300	438	661	72.3	68.3	71.1
WEST VIRGINIA	122	169	262	7.4	14.2	11.5	122	169	262	13.9	17.2	11.8
WISCONSIN	461	550	690	11.7	30.7	40.7	461	550	690	27.3	42.5	51.9
WYOMING	31	41	80	19.4	29.3	50.0	31	41	80	29.0	34.1	51.3
GUAM	.	.	30	.	.	16.7	.	.	31	.	.	9.7
PUERTO RICO	315	426	388	0.3	4.0	8.5	315	426	388	16.3	20.2	12.9
VIRGIN ISLANDS	16	17	50	6.3	17.6	48.0	16	17	50	6.3	23.5	50.0

Table 41 -- PERCENT OF FULL-TIME ADMINISTRATIVE<sup>1/</sup> AND REGISTERED STAFF NURSES HOLDING BACCALAUREATE OR HIGHER DEGREES, AND PERCENT PREPARED IN PUBLIC HEALTH NURSING, JANUARY 1, 1968

STATE	NUMBER REPORTING HIGHEST CREDENTIAL		PERCENT WITH BACCALAU- REATE OR HIGHER DEGREE		NUMBER REPORTING PHN PREPARATION		PERCENT WHO COMPLETED APPROVED PHN PREPARATION	
	ADMINIS- TRATIVE	STAFF	ADMINIS- TRATIVE	STAFF	ADMINIS- TRATIVE	STAFF	ADMINIS- TRATIVE	STAFF
TOTAL	4862	37679	74.5	36.4	4862	37513	76.1	33.6
ALABAMA	37	321	70.3	14.3	37	321	70.3	19.0
ALASKA	13	92	100.0	73.9	13	94	100.0	84.0
ARIZONA	46	458	91.3	28.4	46	458	84.8	33.2
ARKANSAS	15	256	60.0	4.7	16	165	93.8	14.5
CALIFORNIA	437	3998	88.6	73.4	437	3998	82.4	61.5
COLORADO	89	513	89.9	59.1	89	513	86.5	58.1
CONNECTICUT	125	832	76.8	29.1	125	832	74.4	28.8
DELAWARE	14	203	57.1	13.8	14	203	92.9	16.2
DIST. OF COLUMBIA	50	331	86.0	42.6	50	331	82.0	43.5
FLORIDA	188	863	59.6	23.3	188	863	71.8	28.4
GEORGIA	93	686	75.3	12.0	93	686	91.4	18.2
HAWAII	27	126	88.9	53.2	27	126	100.0	89.7
IDAHO	15	101	33.3	28.7	15	101	66.7	24.8
ILLINOIS	264	1652	65.5	30.9	264	1652	63.6	28.9
INDIANA	96	742	69.8	37.7	95	727	65.3	37.8
IOWA	48	483	56.3	21.1	47	478	59.6	17.4
KANSAS	57	405	36.8	20.2	57	404	49.1	16.8
KENTUCKY	42	363	54.8	9.1	43	363	62.8	11.0
LOUISIANA	86	384	32.6	19.0	85	375	40.0	24.5
MAINE	36	180	50.0	8.9	36	180	72.2	26.7
MARYLAND	132	824	87.1	25.5	132	824	84.1	30.0
MASSACHUSETTS	219	1511	69.4	18.9	219	1511	77.2	21.0
MICHIGAN	188	976	81.9	34.0	188	976	71.8	27.4
MINNESOTA	86	577	83.7	61.7	86	577	91.9	67.2
MISSISSIPPI	25	299	48.0	3.3	25	299	48.0	3.7
MISSOURI	93	832	51.6	17.3	94	829	51.1	13.1
MONTANA	24	97	75.0	33.0	24	97	100.0	42.3
NEBRASKA	16	164	81.3	43.9	16	164	75.0	20.1
NEVADA	16	85	75.0	44.7	16	85	81.3	44.7
NEW HAMPSHIRE	20	191	40.0	10.5	20	191	35.0	13.1
NEW JERSEY	195	2013	82.1	32.4	195	1988	77.9	30.8
NEW MEXICO	20	267	80.0	37.8	20	267	80.0	46.4
NEW YORK	530	4831	92.5	49.2	530	4807	91.9	45.6
NORTH CAROLINA	94	787	66.0	16.4	94	788	83.0	25.3
NORTH DAKOTA	20	61	40.0	16.4	20	61	70.0	29.5
OHIO	257	1441	63.8	25.7	258	1443	58.9	21.3
OKLAHOMA	46	353	41.3	13.0	45	353	53.3	14.4
OREGON	57	307	86.0	60.9	57	307	89.5	63.8
PENNSYLVANIA	260	2944	77.7	43.0	260	2945	76.5	20.4
RHODE ISLAND	52	233	86.5	18.0	52	233	86.5	25.3
SOUTH CAROLINA	43	398	72.1	9.8	43	398	81.4	15.8
SOUTH DAKOTA	15	101	73.3	24.7	15	101	86.7	30.7
TENNESSEE	65	491	73.8	14.5	65	491	92.3	20.4
TEXAS	147	1998	72.1	31.5	146	1998	66.4	24.8
UTAH	36	150	80.6	30.0	36	150	88.9	34.7
VERMONT	14	117	71.4	16.2	14	117	78.6	24.8
VIRGINIA	80	817	78.8	21.7	80	816	86.3	24.8
WASHINGTON	94	565	83.0	65.1	95	566	77.9	70.0
WEST VIRGINIA	31	231	51.6	6.1	31	231	58.1	5.6
WISCONSIN	129	561	69.0	34.2	129	561	77.5	46.0
WYOMING	8	72	100.0	44.4	8	72	100.0	45.8
GUAM	8	22	62.5	0.0	8	23	37.5	0.0
PUERTO RICO	54	334	46.3	2.4	54	334	64.8	4.5
VIRGIN ISLANDS	10	40	100.0	35.0	10	40	100.0	37.5

<sup>1/</sup> Administrative includes directors, assistant directors, consultants, and supervisors.

Table 42 -- TOTAL NUMBERS OF REGISTERED NURSES EMPLOYED FOR PUBLIC HEALTH WORK IN ALL STATE AND LOCAL AGENCIES, BY PUBLIC HEALTH NURSING PREPARATION AND HIGHEST DEGREE OR CREDENTIAL, JANUARY 1, 1968

STATE	TOTAL NURSES	COMPLETED PHN PREPARATION				INCOMPLETE PHN PREPARATION				NO PHN PREPARATION			
		TOTAL	HIGHEST CREDENTIAL		ASSOC. DEGREE OR DIPLOMA	TOTAL	HIGHEST CREDENTIAL		ASSOC. DEGREE OR DIPLOMA	TOTAL	HIGHEST CREDENTIAL		ASSOC. DEGREE OR DIPLOMA
			GRAD- UATE DEGREE	BACCA- LAURE- ATE			GRAD- UATE DEGREE	BACCA- LAURE- ATE			GRAD- UATE DEGREE	BACCA- LAURE- ATE	
TOTAL	97606	17516	2457	12169	2879	8712	145	1139	7421	21378	234	2462	18558
ALABAMA	380	80	7	61	21	160	1	2	165	134	.	2	130
ALASKA	114	97	10	74	11	3	1	1	1	14	.	.	14
ARIZONA	631	193	34	123	36	105	1	14	90	333	2	4	229
ARKANSAS	277	40	4	14	20	5	.	1	6	228	.	3	225
CALIFORNIA	4740	2931	317	2478	186	409	12	113	284	1350	59	543	748
COLORADO	697	406	95	283	28	70	6	20	44	221	1	11	208
CONNECTICUT	1167	397	84	271	41	296	6	29	261	474	3	12	459
DELAWARE	254	49	6	20	23	91	.	6	85	114	.	7	107
DIST. OF COLUMBIA	394	192	26	145	21	28	.	8	20	174	2	10	162
FLORIDA	1091	392	38	261	93	142	2	7	133	597	3	14	540
GEORGIA	807	216	39	106	71	119	1	4	114	472	2	5	464
HAWAII	157	141	7	83	51	5	.	1	4	11	.	1	10
IDaho	149	43	1	31	11	11	.	3	8	95	.	9	85
ILLINOIS	2182	674	114	450	102	593	8	74	510	915	6	64	843
INDIANA	931	353	66	258	29	298	4	26	268	280	.	12	268
IOWA	674	125	11	86	28	126	.	16	110	423	3	35	385
KANSAS	534	103	9	99	35	139	2	16	121	292	.	31	261
KENTUCKY	449	76	9	47	20	39	.	2	37	334	1	7	324
LOUISIANA	487	129	9	78	42	64	.	3	61	294	.	14	280
MAINE	256	80	12	25	43	64	.	1	63	112	.	.	112
MARYLAND	1144	391	55	256	80	239	.	7	232	514	5	35	474
MASSACHUSETTS	2029	528	109	313	106	382	4	21	357	1119	7	20	1091
MICHIGAN	1339	424	86	336	2	277	9	61	207	638	10	23	605
MINNESOTA	902	543	41	435	67	82	1	14	67	277	.	21	256
MISSISSIPPI	326	23	5	16	2	21	.	.	21	282	.	1	281
MISSOURI	1017	168	27	116	24	153	5	28	120	496	2	28	665
MONTANA	132	68	8	43	17	9	.	.	9	55	1	1	53
NEBRASKA	221	47	4	36	7	31	1	10	20	143	1	42	100
NEVADA	130	61	16	42	3	23	.	3	20	46	.	1	45
NEW HAMPSHIRE	288	39	6	20	13	109	.	2	107	140	1	1	138
NEW JERSEY	2532	839	126	472	240	897	19	172	704	796	11	73	709
NEW MEXICO	303	147	14	90	43	44	3	7	34	112	1	10	101
NEW YORK	5878	2000	516	1922	442	643	6	42	595	2355	56	482	1814
NORTH CAROLINA	940	290	35	139	115	26	.	16	246	368	1	9	378
NORTH DAKOTA	84	32	4	12	16	2	.	.	2	50	.	2	48
OHIO	1925	505	75	367	61	416	8	51	357	1004	5	79	918
OKLAHOMA	431	81	10	45	26	115	.	9	106	235	2	8	225
OREGON	433	275	20	219	36	34	2	13	19	124	.	13	111
PENNSYLVANIA	3531	850	138	563	149	864	17	177	669	1817	29	616	1167
RHODE ISLAND	319	111	24	60	27	73	1	6	66	135	1	3	131
SOUTH CAROLINA	469	110	16	59	35	148	.	4	144	211	.	2	209
SOUTH DAKOTA	171	47	6	29	12	31	.	8	23	93	.	6	87
TENNESSEE	569	146	20	82	64	27	1	2	24	376	1	18	357
TEXAS	2214	598	47	467	84	430	22	64	344	1186	12	136	1036
UTAH	198	89	11	62	16	30	.	2	28	79	.	5	74
VERMONT	180	49	2	31	16	35	.	4	31	96	.	1	95
VIRGINIA	930	278	22	199	57	124	1	15	108	528	.	11	517
WASHINGTON	766	526	67	396	62	81	1	22	57	159	5	14	140
WEST VIRGINIA	270	32	6	19	7	18	.	.	18	220	.	6	214
WISCONSIN	945	405	22	275	108	291	.	27	264	249	.	7	242
WYOMING	101	50	9	33	8	10	.	2	8	41	.	3	37
GUAM	31	3	1	2	.	2	.	2	.	26	.	.	25
PUERTO RICO	427	60	3	36	21	25	.	1	24	342	1	1	340
VIRGIN ISLANDS	51	25	8	16	1	5	.	.	5	21	.	.	21

NOTE: Nurses whose highest credential was not specified are included only in the totals. Therefore cross totals may differ from the sums of the parts.

Table 43 -- ADMINISTRATORS, CONSULTANTS, AND SUPERVISORS EMPLOYED FULL TIME FOR PUBLIC HEALTH WORK IN ALL LOCAL AGENCIES EXCEPT BOARDS OF EDUCATION, BY PUBLIC HEALTH NURSING PREPARATION AND HIGHEST DEGREE OR CREDENTIAL, JANUARY 1, 1968

STATE	TOTAL NURSES	COMPLETED PHN PREPARATION				INCOMPLETE PHN PREPARATION				NO PHN PREPARATION			
		TOTAL	HIGHEST CREDENTIAL			TOTAL	HIGHEST CREDENTIAL			TOTAL	HIGHEST CREDENTIAL		
			GRAD- UATE DEGREE	BACCA- LAURE- ATE	ASSOC. DEGREE OR DIPLOMA		GRAD- UATE DEGREE	BACCA- LAURE- ATE	ASSOC. DEGREE OR DIPLOMA		GRAD- UATE DEGREE	BACCA- LAURE- ATE	ASSOC. DEGREE OR DIPLOMA
TOTAL	3574	2712	675	1543	291	472	15	75	382	340	19	36	334
ALABAMA	24	16	1	13	2	7	1	•	6	1	•	•	1
ALASKA	9	•	2	7	•	•	•	•	•	•	•	•	•
ARIZONA	34	31	10	15	•	2	•	1	1	1	•	•	1
ARKANSAS	9	8	•	3	5	•	•	•	•	1	•	•	1
CALIFORNIA	311	284	123	154	7	9	1	3	5	18	2	4	12
COLORADO	68	58	30	28	•	6	1	2	3	4	•	1	3
CONNECTICUT	99	74	38	33	3	18	•	3	15	7	•	1	6
DELAWARE	12	10	3	3	4	•	•	•	•	2	•	•	1
DIST. OF COLUMBIA	41	32	12	20	•	3	•	2	1	6	•	•	6
FLORIDA	173	122	18	73	31	24	1	3	20	27	1	4	22
GEORGIA	65	59	13	30	16	3	•	•	3	3	•	•	3
HAWAII	20	20	1	16	3	•	•	•	•	•	•	•	•
IDAH0	9	7	•	3	4	•	•	•	•	2	•	•	2
ILLINOIS	174	97	27	46	14	61	•	9	52	16	•	1	15
INDIANA	63	36	7	28	1	19	2	3	14	8	•	•	8
IOWA	28	9	2	7	•	•	•	•	•	•	•	•	•
KANSAS	27	14	2	9	3	6	•	•	6	13	•	1	12
KENTUCKY	24	14	3	6	3	9	•	•	2	4	•	•	4
LOUISIANA	60	13	2	8	3	15	•	1	14	7	•	•	7
MAINE	24	20	7	6	7	3	•	•	3	32	•	2	30
MARYLAND	117	98	35	56	7	•	•	•	•	1	•	•	1
MASSACHUSETTS	103	125	34	63	26	4	•	•	4	14	5	5	9
MICHIGAN	162	116	46	70	•	19	•	2	17	19	1	2	16
MINNESOTA	52	49	15	28	6	3	3	7	23	13	2	1	10
MISSISSIPPI	13	2	•	2	•	1	•	•	1	2	•	•	7
MISSOURI	56	28	4	19	4	9	•	•	9	2	•	•	2
MONTANA	14	14	1	7	6	•	•	•	•	•	•	•	•
NEBRASKA	14	11	3	7	1	•	•	•	•	3	•	1	2
NEVADA	11	8	5	2	1	1	•	•	1	2	•	•	2
NEW HAMPSHIRE	15	3	1	2	•	•	•	•	•	6	1	•	5
NEW JERSEY	156	119	58	53	8	24	1	7	16	13	1	1	11
NEW MEXICO	10	9	2	6	1	•	•	•	1	•	•	•	•
NEW YORK	441	414	179	221	14	18	2	3	11	•	•	•	•
NORTH CAROLINA	69	54	11	27	16	8	•	1	7	9	3	•	6
NORTH DAKOTA	14	9	1	1	7	1	•	•	1	7	1	•	6
OHIO	191	112	39	62	10	48	1	10	37	4	•	1	3
OKLAHOMA	23	8	1	6	1	•	•	•	•	31	•	1	30
OREGON	42	38	6	30	2	3	•	•	3	12	•	•	12
PENNSYLVANIA	209	163	48	101	14	1	•	•	1	3	•	•	3
RHODE ISLAND	30	26	10	16	•	19	1	2	16	27	1	5	21
SOUTH CAROLINA	27	23	7	11	5	2	•	1	1	2	•	•	2
SOUTH DAKOTA	8	6	2	1	3	1	•	1	•	•	•	•	•
TENNESSEE	42	39	9	24	6	1	•	•	1	2	•	•	2
TEXAS	98	68	7	52	9	15	•	4	11	15	•	2	12
UTAH	12	12	•	11	1	•	•	•	•	•	•	•	•
VERMONT	11	8	•	7	1	1	•	•	•	•	•	•	•
VIRGINIA	60	50	9	33	8	7	•	•	1	2	•	•	2
WASHINGTON	68	53	21	29	2	4	•	2	2	3	•	1	2
WEST VIRGINIA	18	8	2	5	1	4	•	•	4	11	•	•	11
WISCONSIN	104	77	9	56	12	23	•	1	24	2	•	•	6
WYOMING	•	•	•	•	•	•	•	•	•	•	•	•	•
GUAM	6	1	1	•	•	•	•	•	•	•	•	•	•
PURTO RICO	43	26	2	13	11	7	•	2	•	3	•	•	3
VIRGIN ISLANDS	2	2	•	2	•	•	•	•	•	10	1	1	8

NOTE: Nurses whose highest credential was not specified are included only in the totals. Therefore cross totals may differ from the sums of the parts.

Table 44 -- REGISTERED STAFF NURSES EMPLOYED FULL TIME FOR PUBLIC HEALTH WORK IN ALL LOCAL AGENCIES EXCEPT BOARDS OF EDUCATION, BY PUBLIC HEALTH NURSING PREPARATION AND HIGHEST DEGREE OR CREDENTIAL, JANUARY 1, 1968

STATE	TOTAL NURSES	COMPLETED PHIN PREPARATION				INCOMPLETE PHIN PREPARATION				NO PHIN PREPARATION			
		TOTAL	HIGHEST CREDENTIAL			TOTAL	HIGHEST CREDENTIAL			TOTAL	HIGHEST CREDENTIAL		
			GRAD- UATE DEGREE	BACCA- LAURE- ATE	ASSOC. DEGREE OR DIPLOMA		GRAD- UATE DEGREE	BACCA- LAURE- ATE	ASSOC. DEGREE OR DIPLOMA		GRAD- UATE DEGREE	BACCA- LAURE- ATE	ASSOC. DEGREE OR DIPLOMA
TOTAL	20713	7117	274	5435	1406	4199	15	261	3880	9437	11	268	9151
ALABAMA	284	34	1	26	7	145	.	2	143	105	.	1	104
ALASKA	66	55	4	41	9	.	.	.	.	11	.	.	11
ARIZONA	248	120	8	87	25	40	.	3	37	88	1	3	84
ARKANSAS	164	23	.	8	15	9	.	1	6	132	.	.	132
CALIFORNIA	1740	1307	44	1184	79	78	.	13	65	355	1	35	319
COLORADO	334	204	21	166	17	29	.	7	22	101	.	.	100
CONNECTICUT	524	185	10	153	22	146	2	7	137	193	.	3	190
DELAWARE	53	12	.	10	8	19	.	1	18	16	.	.	16
DIST. OF COLUMBIA	282	138	6	113	19	18	.	6	12	146	1	9	116
FLORIDA	629	226	8	171	47	103	1	4	98	500	1	8	491
GEORGIA	600	113	2	63	48	108	.	3	105	379	.	3	376
HAWAII	106	104	2	56	46	1	.	.	1	1	.	.	1
IDAHO	66	20	.	15	5	5	.	2	3	41	.	3	37
ILLINOIS	752	151	1	116	34	257	.	14	243	344	.	11	333
INDIANA	333	67	.	56	11	154	.	4	150	112	.	2	110
IOWA	157	34	.	26	8	31	.	1	30	92	.	1	91
KANSAS	156	15	.	9	6	52	.	6	46	89	.	3	86
KENTUCKY	328	39	.	27	12	34	.	2	32	285	.	2	283
LOUISIANA	322	58	1	50	7	44	.	2	42	220	.	10	210
MAINE	135	37	1	10	26	41	.	1	40	57	.	.	57
MARYLAND	724	213	7	149	57	195	.	5	190	316	.	19	297
MASSACHUSETTS	948	218	12	164	42	188	.	5	183	542	2	8	532
MICHIGAN	711	189	5	183	1	143	2	22	119	379	.	7	372
MINNESOTA	250	185	2	167	16	13	.	2	11	52	.	2	50
MISSISSIPPI	274	6	.	6	.	8	.	.	8	260	.	1	259
MISSOURI	329	38	4	31	3	61	2	7	52	230	2	8	228
MONTANA	85	38	1	27	10	7	.	.	7	40	.	1	39
NEBRASKA	53	28	.	25	3	7	.	2	5	18	.	5	13
NEVADA	54	22	1	19	2	10	.	1	9	22	.	.	22
NEW HAMPSHIRE	94	15	1	11	3	34	.	1	33	45	.	.	45
NEW JERSEY	729	135	2	115	18	215	1	16	197	379	.	9	370
NEW MEXICO	116	54	1	34	19	21	.	3	18	41	.	1	40
NEW YORK	2052	1104	64	744	296	367	2	25	340	581	.	6	574
NORTH CAROLINA	686	176	7	93	75	227	.	13	214	283	.	8	275
NORTH DAKOTA	59	18	.	9	9	1	.	.	1	40	.	1	39
OHIO	964	191	3	161	27	232	3	16	213	541	.	14	525
OKLAHOMA	230	42	5	21	16	72	.	7	65	116	1	1	114
OREGON	243	167	6	138	23	15	.	3	12	61	.	4	57
PENNSYLVANIA	965	247	21	182	44	378	1	13	364	340	2	23	314
RHODE ISLAND	118	21	.	18	3	29	.	1	28	68	.	.	68
SOUTH CAROLINA	257	41	.	23	18	124	.	2	120	94	.	1	93
SOUTH DAKOTA	64	29	1	20	8	18	.	2	16	17	.	.	17
TENNESSEE	433	97	1	48	48	20	.	20	316	316	.	18	298
TEXAS	607	171	2	131	38	105	.	7	98	331	.	18	313
UTAH	122	37	1	26	10	27	.	2	25	58	.	2	56
VERMONT	56	19	.	9	10	15	.	1	14	22	.	1	21
VIRGINIA	647	156	2	120	34	84	.	9	75	407	.	5	402
WASHINGTON	348	228	12	184	32	36	1	7	28	64	.	6	78
WEST VIRGINIA	131	5	.	2	3	13	.	.	13	113	.	4	109
WISCONSIN	483	236	2	158	76	163	.	10	153	84	.	1	83
WYOMING	24	20	2	14	4	2	.	.	2	2	.	.	2
GUAM	23	.	.	.	.	.	.	.	.	23	.	.	22
PUERTO RICO	324	14	.	7	7	12	.	.	12	298	.	.	298
VIRGIN ISLANDS	31	9	.	9	.	5	.	.	5	17	.	.	17

NOTE: Nurses whose highest credential was not specified are included only in the totals. Therefore cross totals may differ from the sums of the parts.

Table 45 -- ADMINISTRATORS, CONSULTANTS, AND SUPERVISORS EMPLOYED FULL TIME FOR PUBLIC HEALTH WORK IN BOARDS OF EDUCATION,  
BY PUBLIC HEALTH NURSING PREPARATION AND HIGHEST DEGREE OR CREDENTIAL, JANUARY 1, 1968

STATE	TOTAL NURSES	COMPLETED PHN PREPARATION				INCOMPLETE PHN PREPARATION				NO PHN PREPARATION			
		TOTAL	HIGHEST CREDENTIAL			TOTAL	HIGHEST CREDENTIAL			TOTAL	HIGHEST CREDENTIAL		
			GRAD- UATE DEGREE	BACCA- LAURE- ATE	ASSOC. DEGREE OR DIPLOMA		GRAD- UATE DEGREE	BACCA- LAURE- ATE	ASSOC. DEGREE OR DIPLOMA		GRAD- UATE DEGREE	BACCA- LAURE- ATE	ASSOC. DEGREE OR DIPLOMA
TOTAL	389	210	107	84	19	83	15	24	44	56	15	31	50
ALABAMA	2	1		1						1		1	
ALASKA													
ARIZONA	5	1		1		1			1	3	1	1	1
ARKANSAS													
CALIFORNIA	96	46	20	19	7	30	3	12	15	20	4	12	4
COLORADO	3	1	1							2			2
CONNECTICUT	10		3	1		4		2	2	2		1	1
DELAWARE													
DIST. OF COLUMBIA													
FLORIDA	1	1		1									
GEORGIA	1	1		1									
HAWAII													
IDAHO	3					1			1	2			2
ILLINOIS	31	24	15	9		9		1	4	2	1		1
INDIANA	15	10	5	5		4	1		3	1			1
IOWA	2	1		1		1		1					1
KANSAS	5	1			1	3	1		2	1			
KENTUCKY													
LOUISIANA	3	3		2	1								
MAINE	1					1			1				
MARYLAND	1	1		1									
MASSACHUSETTS	20	13	10	2	1	2		1	1	5		2	3
MICHIGAN	7	5	3	2		2		1	1				
MINNESOTA	11	10	3	5	2	1			1				
MISSISSIPPI													
MISSOURI	14	3	2	1		4	1	2	1	7			7
MONTANA	1	1		1									
NEBRASKA	1					1	1						
NEVADA	1	1		1									
NEW HAMPSHIRE	1	1	1										
NEW JERSEY	14	9	4	5		2		2		3	1	2	
NEW MEXICO	2	2	2										
NEW YORK	42	27	17	9	1	1			1	14	4	3	7
NORTH CAROLINA	3	2			2					1			1
NORTH DAKOTA													
OHIO	9	3	1	2		2		1	1	4		2	2
OKLAHOMA	3	1		1		1			1	1			1
OREGON	1	1		1									
PENNSYLVANIA	25	10	8	1	1	2	2			13	3	5	5
RHODE ISLAND	4	2	2							2	1		1
SOUTH CAROLINA	5	1		1		2			2	2			2
SOUTH DAKOTA	2	2	1		1								
TENNESSEE	1	1	1										
TEXAS	24	6	4	2		11	6	1	4	7		2	5
UTAH	1	1			1								
VERMONT													
VIRGINIA	3	2	1	1		1			1				
WASHINGTON	8	8	2	5	1								
WEST VIRGINIA	3									3			3
WISCONSIN	3	2		2		1			1				
WYOMING	1	1	1										
GUAM													
PUERTO RICO													
VIRGIN ISLANDS													

NOTE: Nurses whose highest credential was not specified are included only in the totals. Therefore cross totals may differ from the sums of the parts.

Table 46 -- REGISTERED STAFF NURSES EMPLOYED FULL TIME FOR PUBLIC HEALTH WORK IN BOARDS OF EDUCATION, BY PUBLIC HEALTH NURSING PREPARATION AND HIGHEST DEGREE OR CREDENTIAL, JANUARY 1, 1968

STATE	TOTAL NURSES	COMPLETED PHN PREPARATION				INCOMPLETE PHN PREPARATION				NO PHN PREPARATION			
		TOTAL	HIGHEST CREDENTIAL			TOTAL	HIGHEST CREDENTIAL			TOTAL	HIGHEST CREDENTIAL		
			GRAD- UATE DEGREE	BACCA- LAURE- ATE	ASSOC DEGREE OR DIPLOMA		GRAD- UATE DEGREE	BACCA- LAURE- ATE	ASSOC DEGREE OR DIPLOMA		GRAD- UATE DEGREE	BACCA- LAURE- ATE	ASSOC. DEGREE OR DIPLOMA
TOTAL	16579	5238	678	3768	789	2999	86	648	2261	8342	164	1923	6145
ALABAMA	11	4	1	3	0	1	0	0	1	6	0	0	6
ALASKA	28	24	2	19	2	3	0	0	1	1	0	0	1
ARIZONA	307	31	2	18	11	54	1	1	1	222	0	0	124
ARKANSAS	94	0	0	0	0	0	0	0	0	94	0	3	91
CALIFORNIA	2230	1126	95	951	80	277	7	83	187	327	50	490	327
COLORADO	179	94	22	65	7	22	4	9	9	63	1	8	54
CONNECTICUT	299	53	19	27	7	92	4	11	77	154	2	4	148
DELAWARE	148	13	1	3	9	65	0	4	61	70	0	7	63
DIST. OF COLUMBIA	45	4	0	2	2	5	0	0	5	36	1	1	34
FLORIDA	4	0	0	0	0	3	0	0	3	1	0	0	1
GEORGIA	69	2	1	1	0	3	0	0	3	64	2	2	59
HAWAII	18	7	0	5	2	4	0	0	3	7	0	1	6
IDAH0	33	4	0	4	0	3	0	1	2	26	0	3	23
ILLINOIS	903	326	52	226	48	202	7	42	152	375	5	36	332
INDIANA	408	207	47	149	11	83	1	13	69	118	0	7	111
IOWA	319	45	3	31	11	69	0	9	60	205	3	25	177
KANSAS	238	48	3	26	19	60	0	8	52	130	0	22	108
KENTUCKY	29	1	0	1	0	2	0	0	2	26	0	1	24
LOUISIANA	52	31	0	0	23	12	0	0	3	18	0	1	17
MAINE	40	9	0	2	7	19	0	0	12	19	0	0	19
MARYLAND	99	34	3	22	9	21	0	2	19	44	0	2	42
MASSACHUSETTS	560	97	20	49	28	141	3	10	128	322	4	5	312
MICHIGAN	264	77	10	59	0	56	4	20	34	129	3	8	118
MINNESOTA	325	201	11	155	35	48	1	7	40	76	0	7	69
MISSISSIPPI	29	5	1	2	2	2	0	0	2	18	0	0	18
MISSOURI	456	63	9	46	8	52	1	16	35	341	0	15	325
MONTANA	11	2	0	2	0	2	0	0	2	7	0	0	7
NEBRASKA	109	5	0	2	3	18	0	8	10	86	0	30	56
NEVADA	31	16	5	11	0	7	0	1	6	8	0	0	8
NEW HAMPSHIRE	88	9	2	4	3	45	0	1	44	34	0	0	34
NEW JERSEY	1276	473	37	260	175	518	17	127	373	285	8	97	220
NEW MEXICO	150	70	8	39	23	19	3	3	13	61	1	7	53
NEW YORK	2701	1090	215	799	76	143	0	5	138	1548	49	469	1029
NORTH CAROLINA	102	23	0	6	17	12	0	2	10	67	0	0	67
NORTH DAKOTA	2	0	0	0	0	0	0	0	0	2	0	0	2
OHIO	476	113	7	89	16	95	4	18	73	268	4	50	214
OKLAHOMA	120	6	0	4	2	31	0	1	30	83	0	5	78
OREGON	59	25	1	20	4	12	1	8	3	22	0	2	20
PENNSYLVANIA	1864	270	39	191	40	353	13	150	189	1241	20	568	650
RHODE ISLAND	106	36	5	11	20	27	0	4	23	43	0	3	40
SOUTH CAROLINA	119	8	0	5	3	14	0	1	13	97	0	1	96
SOUTH DAKOTA	94	1	0	1	0	8	0	2	6	25	0	2	23
TENNESSEE	53	2	0	1	1	4	2	1	2	47	1	0	46
TEXAS	1356	312	26	250	36	285	14	50	221	759	10	110	638
UTAH	25	13	0	11	2	3	0	0	3	9	0	1	8
VERMONT	59	9	0	6	3	15	0	2	13	35	0	0	35
VIRGINIA	158	42	3	28	11	25	0	9	22	91	0	4	87
WASHINGTON	218	160	17	129	22	32	0	10	21	18	0	2	16
WEST VIRGINIA	72	6	0	4	2	1	0	0	1	65	0	0	65
WISCONSIN	77	21	2	12	7	17	0	5	32	19	0	1	18
WYOMING	48	12	1	9	2	8	0	2	6	28	0	3	24
GUAM	0	0	0	0	0	0	0	0	0	0	0	0	0
PUERTO RICO	0	0	0	0	0	0	0	0	0	0	0	0	0
VIRGIN ISLANDS	2	0	0	0	0	0	0	0	0	2	0	0	2

NOTE: Nurses whose highest credential was not specified are included only in the totals. Therefore cross totals may differ from the sums of the parts.

Table 47 -- TOTAL NUMBERS OF REGISTERED NURSES EMPLOYED PART TIME FOR PUBLIC HEALTH WORK IN STATE AND LOCAL AGENCIES, BY PUBLIC HEALTH NURSING PREPARATION AND HIGHEST DEGREE OR CREDENTIAL, JANUARY 1, 1968

STATE	TOTAL NURSES	COMPLETED PHN PREPARATION				INCOMPLETE PHN PREPARATION				NO PHN PREPARATION			
		TOTAL	HIGHEST CREDENTIAL			TOTAL	HIGHEST CREDENTIAL			TOTAL	HIGHEST CREDENTIAL		
			GRAD- UATE DEGREE	BACCA- LAURE- ATE	ASSOC DEGREE OR DIPLOMA		GRAD- UATE DEGREE	BACCA- LAURE- ATE	ASSOC DEGREE OR DIPLOMA		GRAD- UATE DEGREE	BACCA- LAURE- ATE	ASSOC DEGREE OR DIPLOMA
TOTAL	4927	1194	77	900	217	876	9	116	751	2857	11	171	2671
ALABAMA	31	2	.	1	1	13	.	.	13	16	.	.	16
ALASKA	7	5	1	4	.	.	.	.	.	2	.	.	2
ARIZONA	29	2	.	2	.	8	1	3	4	19	.	.	19
ARKANSAS	2	1	.	1	.	.	.	.	.	1	.	.	1
CALIFORNIA	309	161	5	147	9	14	1	2	11	130	2	42	86
COLORADO	94	31	6	22	3	13	1	2	10	50	.	2	48
CONNECTICUT	209	64	6	51	7	32	.	6	26	113	1	3	109
DELAWARE	37	1	.	2	1	7	.	1	6	27	.	.	27
DIST. OF COLUMBIA	13	7	.	7	.	2	.	.	2	4	.	.	4
FLORIDA	40	12	1	9	2	9	.	.	9	19	.	2	17
GEORGIA	27	6	1	4	1	1	.	.	1	20	.	.	20
HAWAII	4	1	.	1	.	.	.	.	.	3	.	.	3
IDAHO	32	8	.	7	1	2	.	.	2	42	.	3	19
ILLINOIS	263	29	3	21	5	58	.	3	55	176	.	14	162
INDIANA	93	16	.	11	5	36	.	5	31	41	.	3	38
IOWA	143	14	.	10	4	19	.	5	14	110	.	7	103
KANSAS	72	7	1	4	2	12	1	2	9	55	.	6	47
KENTUCKY	42	9	.	9	.	.	.	.	.	33	.	1	32
LOUISIANA	17	3	.	3	.	1	.	.	1	13	.	.	13
MAINE	40	6	1	3	2	5	.	.	5	29	.	.	29
MARYLAND	180	33	1	29	7	19	.	.	19	136	.	7	129
MASSACHUSETTS	298	41	3	29	9	27	1	1	25	240	.	3	227
MICHIGAN	175	22	3	18	1	41	.	11	30	112	1	6	105
MINNESOTA	239	76	1	69	6	19	.	9	14	144	.	9	135
MISSISSIPPI	2	.	.	.	.	.	.	.	.	2	.	.	2
MISSOURI	90	11	2	7	2	12	1	2	9	67	.	2	65
MONTANA	11	3	.	2	1	.	.	.	.	8	1	.	7
NEBRASKA	41	2	1	1	.	3	.	.	3	36	1	6	29
NEVADA	29	10	3	7	.	5	.	1	4	14	.	1	13
NEW HAMPSHIRE	77	7	.	2	5	23	.	.	23	47	.	.	47
NEW JERSEY	321	74	5	32	37	136	.	20	116	111	.	4	104
NEW MEXICO	16	7	1	6	.	.	.	.	.	9	.	1	8
NEW YORK	515	199	13	181	55	114	1	7	105	203	.	4	198
NORTH CAROLINA	58	13	1	7	5	15	.	.	15	30	.	1	29
NORTH DAKOTA	3	.	.	.	.	.	.	.	.	3	.	.	3
OHIO	223	46	7	33	6	34	.	6	28	143	.	4	139
OKLAHOMA	32	6	.	6	.	4	.	1	3	22	1	1	20
OREGON	69	28	.	23	5	4	.	1	3	37	.	7	30
PENNSYLVANIA	321	51	5	36	10	79	.	12	67	191	3	15	173
RHODE ISLAND	34	7	1	5	1	11	1	1	9	16	.	.	16
SOUTH CAROLINA	28	12	.	11	1	3	.	.	3	13	.	.	13
SOUTH DAKOTA	55	3	.	3	.	3	.	2	1	49	.	3	46
TENNESSEE	13	6	1	4	1	.	.	.	.	7	.	.	7
TEXAS	67	6	.	6	.	9	1	1	7	52	1	3	48
UTAH	12	5	.	5	.	.	.	.	.	7	.	1	6
VERMONT	49	9	.	8	1	3	.	1	2	37	.	.	37
VIRGINIA	33	7	1	6	.	5	.	1	4	21	.	.	21
WASHINGTON	105	36	3	48	5	9	.	3	6	40	.	5	35
WEST VIRGINIA	8	1	.	1	.	.	.	.	.	7	.	.	7
WISCONSIN	255	47	.	34	13	64	.	11	59	144	.	5	139
WYOMING	20	9	.	7	2	.	.	.	.	11	.	.	11
GUAM	.	.	.	.	.	.	.	.	.	.	.	.	.
PUERTO RICO	39	10	.	9	1	3	.	.	3	26	.	.	26
VIRGIN ISLANDS	1	.	.	.	.	.	.	.	.	1	.	.	1

NOTE: Nurses whose highest credential was not specified are included only in the totals. Therefore cross totals may differ from the sums of the parts.

Table 48 -- REGISTERED NURSES EMPLOYED FULL TIME FOR PUBLIC HEALTH WORK IN STATE AND LOCAL AGENCIES, BY HIGHEST DEGREE OR CREDENTIAL AND PUBLIC HEALTH NURSING PREPARATION, JANUARY 1, 1968

STATE	TOTAL	GRADUATE DEGREE				BACCALAUREATE				ASSOCIATE DEGREE OR NURSING DIPLOMA			
		TOTAL	PHN PREPARATION			TOTAL	PHN PREPARATION			TOTAL	PHN PREPARATION		
			COM- PLETED	INCOM- PLETE	NONE		COM- PLETED	INCOM- PLETE	NONE		COM- PLETED	INCOM- PLETE	NONE
TOTAL	42679	2739	2380	176	221	14583	11269	1021	2279	25357	2673	6677	15717
ALABAMA	358	8	7	1	•	64	60	2	2	286	20	152	114
ALASKA	107	10	9	1	•	71	70	1	•	26	13	1	12
ARIZONA	602	36	34	•	2	136	121	11	4	430	36	86	210
ARKANSAS	275	4	4	•	•	17	13	1	•	254	22	8	133
CALIFORNIA	4435	380	312	11	57	2741	2331	111	501	1112	177	273	662
COLORADO	603	95	89	5	1	288	261	18	9	220	25	34	160
CONNECTICUT	958	86	78	6	2	252	220	23	9	620	35	235	349
DELAWARE	217	6	6	•	•	30	18	5	7	181	22	79	80
DIST. OF COLUMBIA	381	20	26	•	2	156	138	8	10	197	21	18	158
FLORIDA	1051	42	37	2	3	271	252	7	12	738	91	124	523
GEORGIA	780	41	38	1	2	111	102	4	5	628	70	113	446
HAWAII	153	7	7	•	•	84	82	1	1	62	51	4	7
IDAH0	117	1	1	•	•	33	24	3	6	83	10	6	66
ILLINOIS	1919	125	111	8	6	558	437	71	50	1236	87	456	640
INDIANA	838	70	66	4	•	277	247	21	9	491	24	237	214
IOWA	531	14	11	•	3	115	76	11	28	402	24	96	276
KANSAS	462	9	8	1	•	94	55	14	25	359	33	112	211
KENTUCKY	407	10	9	•	1	46	38	3	6	351	20	37	293
LOUISIANA	470	9	9	•	•	92	75	5	14	369	42	60	257
MAINE	216	11	11	•	•	23	22	1	•	182	41	56	81
MARYLAND	956	59	54	•	5	266	231	7	28	631	73	213	345
MASSACHUSETTS	1731	116	106	3	7	321	284	20	17	1294	97	332	864
MICHIGAN	1164	101	83	9	9	385	318	50	17	678	1	177	500
MINNESOTA	663	41	40	1	•	387	366	9	12	235	61	53	121
MISSISSIPPI	324	5	5	•	•	17	16	•	1	302	2	21	279
MISSOURI	927	31	25	4	2	161	139	26	26	735	23	111	597
MONTANA	121	8	8	•	•	42	41	•	1	71	16	9	46
NEBRASKA	180	4	3	1	•	81	35	10	36	95	7	17	71
NEVADA	101	13	13	•	•	37	36	2	•	51	3	16	32
NEW HAMPSHIRE	211	7	6	•	1	21	18	2	1	183	8	94	91
NEW JERSEY	2211	151	121	19	10	661	440	152	65	1399	204	590	582
NEW MEXICO	207	17	15	3	1	100	84	7	9	170	43	34	93
NEW YORK	5363	564	503	5	55	2304	1791	35	475	2495	387	490	1596
NORTH CAROLINA	882	35	34	•	1	156	132	16	8	691	111	231	349
NORTH DAKOTA	81	4	4	•	•	14	12	•	2	63	16	2	45
OHIO	1702	81	68	8	5	454	334	45	75	1167	57	329	780
OKLAHOMA	349	11	10	•	1	54	39	8	7	334	26	103	204
OREGON	364	22	20	2	•	214	196	12	6	128	31	16	81
PENNSYLVANIA	3210	176	133	17	26	1293	527	165	601	1741	139	603	994
RHODE ISLAND	285	24	23	•	1	63	55	5	3	198	26	57	115
SOUTH CAROLINA	441	16	16	•	•	54	48	4	2	371	34	141	196
SOUTH DAKOTA	116	6	6	•	•	35	26	6	3	75	12	22	41
TENNESSEE	556	21	19	1	1	98	78	2	18	437	63	24	350
TEXAS	2147	79	47	21	11	657	461	63	132	1411	84	337	994
UTAH	186	11	11	•	•	63	57	2	4	112	16	26	68
VERMONT	131	2	2	•	•	27	23	3	1	102	15	29	58
VIRGINIA	897	22	21	1	•	218	193	14	10	657	57	104	496
WASHINGTON	661	70	64	1	5	376	348	19	9	215	58	52	105
WEST VIRGINIA	262	6	6	•	•	24	18	•	6	232	7	18	207
WISCONSIN	690	22	22	•	•	259	241	16	2	409	95	211	103
WYOMING	81	9	9	•	•	31	26	2	3	41	6	8	26
GUAM	31	1	1	•	•	4	2	2	•	26	•	•	26
PUERTO RICO	380	4	3	•	1	29	27	1	1	355	20	21	314
VIRGIN ISLANDS	90	8	8	•	•	16	16	•	•	26	1	5	20

NOTE: Nurses whose public health nursing preparation was unknown are included only in the totals. Therefore cross totals may differ from the sums of the parts.

Table 49 -- GRADUATES OF COLLEGIATE BASIC PROGRAMS APPROVED FOR PUBLIC HEALTH NURSING WHO WERE EMPLOYED FOR PUBLIC HEALTH WORK, JANUARY 1, 1962, 1964, 1966, AND 1968

STATE	1962			1964			1966			1968		
	TOTAL	FULL TIME	PART TIME	TOTAL	FULL TIME	PART TIME	TOTAL	FULL TIME	PART TIME	TOTAL	FULL TIME	PART TIME
TOTAL	2316	2267	49	3481	3336	145	4604	4328	276	5770	5206	564
ALABAMA	13	13		12	12		17	16	1	38	37	1
ALASKA	22	22		24	24		23	23		39	37	2
ARIZONA	12	12		64	64		62	60	2	59	57	2
ARKANSAS	9	9		12	12		11	11				
CALIFORNIA	440	435	5	596	584	12	746	725	21	1000	941	59
COLORADO	90	90		153	149	4	142	134	8	186	169	17
CONNECTICUT	93	90	3	264	238	26	150	126	24	207	166	41
DELAWARE	1	1		2	2		13	13		16	16	
DIST. OF COLUMBIA	56	55	1	73	73		68	67	1	122	116	6
FLORIDA	38	38		82	82		138	136	2	116	112	4
GEORGIA	21	20	1	21	21		39	39		40	36	4
HAWAII	7	7		13	13		22	21	1	44	43	1
IDAHO				2	1	1	16	14	2	11	7	4
ILLINOIS	59	59		65	64	1	149	142	7	143	133	10
INDIANA	15	15		34	34		106	101	5	131	122	9
IOWA	17	17		57	56	21	36	30	6	60	52	8
KANSAS	4	4		31	31		32	27	5	43	39	4
KENTUCKY	7	7		15	15		32	31	1	27	21	6
LOUISIANA	10	10		21	21		51	51		60	58	2
MAINE	5	5		3	3		4	4		6	5	1
MARYLAND	72	71	1	95	93	2	128	120	8	113	95	18
MASSACHUSETTS	83	80	3	118	114	4	126	116	10	170	149	21
MICHIGAN	55	50	5	85	83	2	148	141	7	194	183	11
MINNESOTA	110	106	4	131	123	8	182	160	22	308	253	55
MISSISSIPPI				2	2		3	3		8	8	
MISSOURI	19	18	1	36	33	3	40	36	4	61	56	5
MONTANA				8	7	1	18	16	2	14	13	1
NEBRASKA	3	3		8	8		15	15		33	32	1
NEVADA	18	18		23	23		25	24	1	31	25	6
NEW HAMPSHIRE	4	4					8	6	2	16	14	2
NEW JERSEY	49	49		71	69	2	137	126	11	200	180	20
NEW MEXICO	9	9		4	4		25	24	1	40	36	4
NEW YORK	355	346	9	505	496	9	663	621	42	734	655	79
NORTH CAROLINA	21	21		27	26	1	45	45		100	94	6
NORTH DAKOTA	1	1		4	4		4	4		3	3	
OHIO	120	116	4	204	190	14	218	212	6	244	215	29
OKLAHOMA	4	3	1	5	5		22	21	1	15	14	1
OREGON	7	7		26	26		100	87	13	41	32	9
PENNSYLVANIA	112	110	2	149	131	18	154	141	13	175	153	22
RHODE ISLAND	15	15		39	39		29	26	3	26	24	2
SOUTH CAROLINA	4	4		10	10		14	14		34	27	7
SOUTH DAKOTA	1	1		6	5	1	10	10		17	14	3
TENNESSEE	25	22	3	36	33	3	42	39	3	41	36	5
TEXAS	72	72		87	87		185	181	4	243	237	6
UTAH	43	42	1	45	44	1	38	37	1	42	37	5
VERMONT	12	12		9	9		12	11	1	19	13	6
VIRGINIA	42	42		50	50		109	107	2	155	148	7
WASHINGTON	89	89		77	77		141	122	19	170	146	24
WEST VIRGINIA	3	3		1	1		2	2		9	8	1
WISCONSIN	38	35	3	64	55	9	85	75	10	123	104	19
WYOMING	11	9	2	9	7	2	13	9	4	26	19	7
GUAM							2	2		1	1	
PUERTO RICO										4	3	1
VIRGIN ISLANDS				3	3		4	4		12	12	

Table 50 -- REGISTERED NURSES EMPLOYED FULL TIME FOR PUBLIC HEALTH WORK IN STATE AND LOCAL AGENCIES, BY HIGHEST DEGREE OR CREDENTIAL, AND NUMBER WITH EARNED CREDIT BEYOND THIS CREDENTIAL, JANUARY 1, 1968

STATE	TOTAL		GRADUATE DEGREE		BACCALAUREATE		ASSOCIATE DEGREE		NURSING DIPLOMA	
	TOTAL	WITH ADDITIONAL CREDIT	TOTAL	WITH ADDITIONAL CREDIT	TOTAL	WITH ADDITIONAL CREDIT	TOTAL	WITH ADDITIONAL CREDIT	TOTAL	WITH ADDITIONAL CREDIT
TOTAL	42679	15016	2732	852	14583	5136	314	138	25043	13490
ALABAMA	358	215	0	1	64	18	1	1	285	195
ALASKA	167	50	10	3	71	27	1	1	25	20
ARIZONA	672	273	36	19	136	59	2	1	428	194
ARKANSAS	275	31	4	1	17	1	1	1	254	30
CALIFORNIA	4435	536	380	1	2943	357	26	1	1086	178
COLORADO	603	232	95	34	288	102	1	1	219	95
CONNECTICUT	958	410	86	24	252	57	3	1	617	328
DELAWARE	217	162	6	1	30	8	1	1	181	153
DIST. OF COLUMBIA	381	126	28	6	156	30	4	2	193	82
FLORIDA	1051	472	42	18	271	74	18	8	720	377
GEORGIA	780	247	41	2	111	11	8	2	620	232
HAWAII	153	96	7	2	84	42	1	1	62	52
IDAHO	117	56	1	1	33	14	1	1	83	41
ILLINOIS	1919	1098	125	66	558	266	5	2	1231	764
INDIANA	838	434	70	26	277	106	12	11	479	201
IOWA	531	253	14	3	115	41	5	3	397	206
KANSAS	462	275	9	6	94	42	5	4	354	223
KENTUCKY	407	110	10	1	46	10	4	1	347	97
LOUISIANA	470	160	9	5	92	26	1	1	364	129
MAINE	216	125	11	3	23	11	1	1	182	111
MARYLAND	956	407	59	15	266	58	5	2	626	332
MASSACHUSETTS	1731	697	116	37	321	69	12	5	1282	586
MICHIGAN	1164	440	101	23	185	37	18	9	660	321
MINNESOTA	663	288	41	13	187	125	4	2	271	148
MISSISSIPPI	274	25	5	1	17	1	3	1	299	24
MISSOURI	527	353	31	16	161	76	4	4	726	257
MONTANA	121	40	0	1	42	10	2	1	60	28
NEBRASKA	180	97	4	1	81	49	1	1	95	47
NEVADA	111	66	13	11	37	21	1	1	51	34
NEW HAMPSHIRE	211	132	7	1	21	7	1	1	182	124
NEW JERSEY	2211	1371	151	68	661	303	16	13	1383	987
NEW MEXICO	287	172	17	6	100	35	1	1	170	131
NEW YORK	5363	3347	564	240	2304	1223	54	28	2441	1856
NORTH CAROLINA	882	404	39	5	156	24	3	1	688	366
NORTH DAKOTA	81	35	4	4	14	9	1	1	63	22
OHIO	1702	680	81	20	454	126	3	1	1164	531
OKLAHOMA	390	229	11	2	54	29	7	2	327	194
OREGON	364	180	22	7	214	104	3	1	125	68
PENNSYLVANIA	3210	2270	176	42	1293	628	13	6	1728	1382
RHODE ISLAND	285	160	24	7	62	22	1	1	197	130
SOUTH CAROLINA	441	230	16	8	54	17	4	1	367	205
SOUTH DAKOTA	116	62	6	1	35	12	1	1	74	49
TENNESSEE	550	190	21	1	98	11	2	1	435	177
TEXAS	2147	1016	74	46	657	245	41	18	1370	727
UTAH	186	97	11	3	63	24	3	1	109	69
VERMONT	131	77	2	1	27	10	1	1	102	66
VIRGINIA	897	275	22	2	218	29	8	1	649	194
WASHINGTON	661	352	70	28	376	189	2	2	213	131
WEST VIRGINIA	262	63	6	1	24	7	1	1	231	56
WISCONSIN	690	382	22	5	259	54	1	1	409	323
WYOMING	83	41	9	1	31	12	1	1	40	25
GUAM	31	7	1	1	4	1	1	1	26	7
PUERTO RICO	380	94	4	1	29	10	1	1	355	89
VIRGIN ISLANDS	50	12	8	2	16	3	1	1	25	7

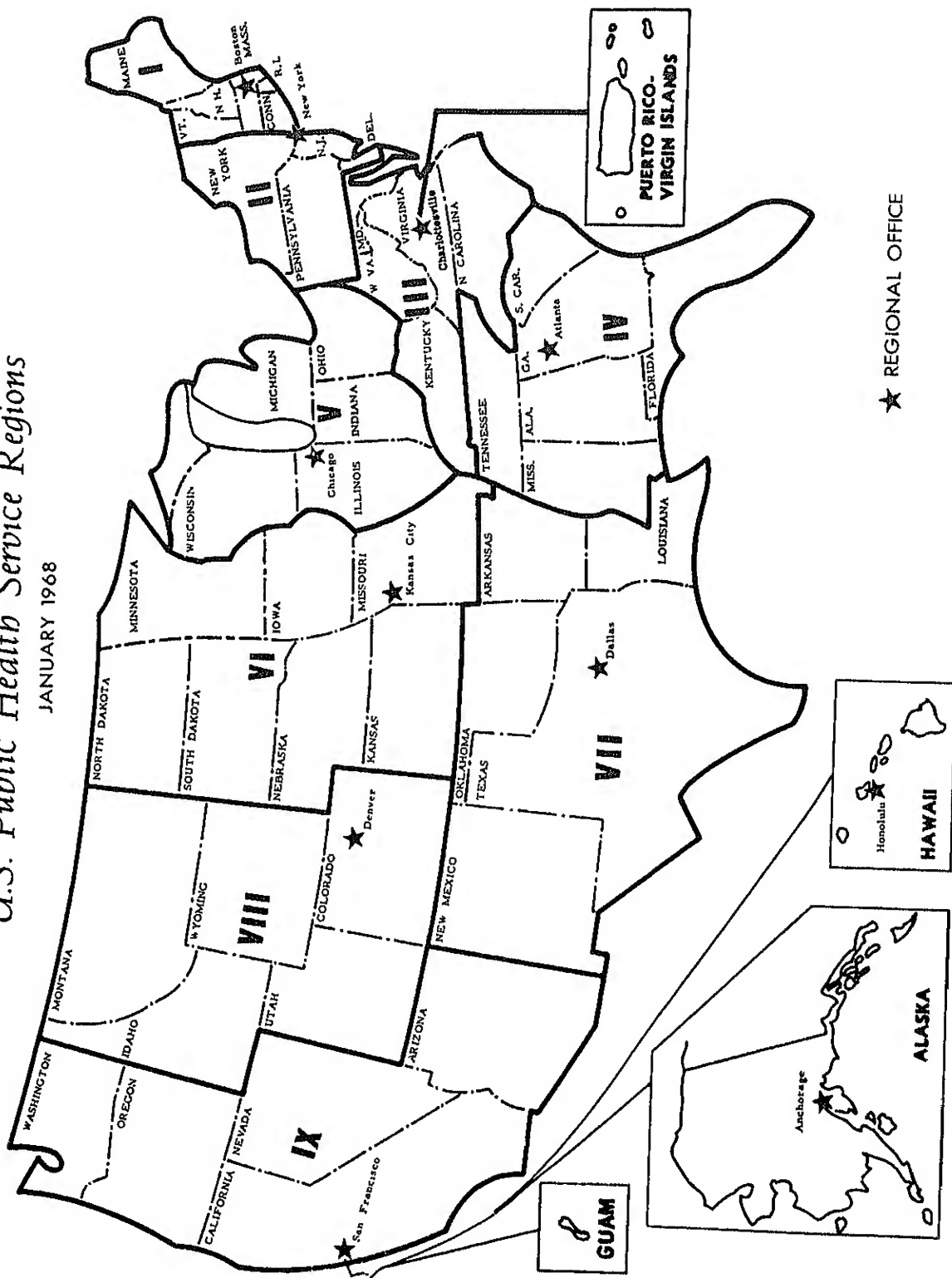


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- (2) U.S. Department of Health, Education, and Welfare, Public Health Service, Division of Nursing. *Nurses in Public Health, January 1966*. Public Health Service Pub. No. 785 (Revised 1967). Washington, U.S. Government Printing Office.
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- (7) See (1)
- (8) *College Education: Key to a Professional Career in Nursing*. National League for Nursing, Department of Baccalaureate and Higher Degree Programs. New York, The League. 1967.
- (9) U.S. Department of Health, Education, and Welfare, Public Health Service, Division of Nursing. *Nurses in Public Health, January 1960*. Public Health Service Pub. No. 785 (Revised 1960). Washington, U.S. Government Printing Office.
- (10) Hanlon, John J., *Principles of Public Health Administration*. St. Louis, The C. V. Mosby Co. 1964, 4th Ed.
- (11) U.S. Department of Health, Education, and Welfare, Public Health Service, Division of Community Health Services. *Local Health Officers. Statistics and Characteristics*. Public Health Service Pub. No. 1636. April 1967.

# U.S. Public Health Service Regions

JANUARY 1968



★ REGIONAL OFFICE

DEPARTMENT OF  
HEALTH, EDUCATION, AND WELFARE  
PUBLIC HEALTH SERVICE  
DIVISION OF NURSING

Form Approved  
Budget Bureau No 68-R692

INFORMATION ON NURSES EMPLOYED IN PUBLIC HEALTH

AS OF JANUARY 1, 19\_\_

DO NOT WRITE IN THIS SPACE

CC 1-10

Section I IDENTIFYING INFORMATION

PREPARED BY:

TITLE:

CC 2 3 4 5 6 7 8 9 10

A AGENCY NAME

ADDRESS (Street No.) OF MAIN OFFICE:

CITY AND COUNTY:

LIST HEALTH JURISDICTIONS COVERED:

STATE:

ZIP CODE:

PHS REGION:

DATE PREPARED:

CC 11-12

B TYPE OF AGENCY

Circle only one code number and specify where indicated:

State

Local

01 Health Department

11 Health Department

15 Combination service

02 Other official (specify)

12 Other official (specify)

16 Other home care program (specify)

03 Nonofficial

13 Visiting nurse service

14 Other nonofficial (specify)

17 Board of education or school district

CC 13

C DOES AGENCY OFFER NURSING CARE OF THE SICK AT HOME PROGRAM? Circle code number that applies: 1 Yes 2 No  
If "yes" complete appropriate availability form and attach.

Section II PERSONNEL DATA

A BIOGRAPHICAL DATA

B POSITION

C EDUCATIONAL PREPARATION

IDENTIFICATION	YEAR OF BIRTH	MARITAL STATUS	EMPLOYMENT STATUS	TITLE OR FUNCTION	BASIC NURSING PROGRAM COMPLETED	PHN PREPARATION	HIGHEST DEGREE OR CREDENTIAL	CREDIT EARNED BEYOND HIGHEST CREDENTIAL
NAME OR NUMBER	Enter last two digits of year of birth	1 Single 2 Married 3 Divorced or separated 4 Widowed	1 Full time 2 Part time	01 Director or Educ. Dir. 02 Assistant Director 03 Generalized Consultant (specify field) 04 Supervisor 05 Coordinator (specify) 06 County, city or town nurse 07 Staff nurse 08 School nurse 09 Clinic nurse 10 Licensed practical nurse 11 Other position (specify)	01 Practical nursing 02 Diploma 03 Associate degree 11 Baccalaureate approved for PH 12 Baccalaureate not appr. for PH 13 Baccalaureate-other 21 Baccalaureate 41 Other (specify)	1 Complete 2 Incomplete 3 None	01 Practical nrs. certiff. 02 Nursing diploma 03 Associate degree 11 Baccalaureate-nsg. 12 Baccalaureate-nonsng. 21 Master's-nsg. 22 Master's-nonsng. 31 Doctorate-nsg. 32 Doctorate-nonsng. 41 Other (specify)	1 Yes 2 No
CC 14-17	CC 18-19	CC 20	CC 21	22 23 CODE SPECIFY FOR CODES 04, 05, and 11	24 25 CODE YEAR OBTAINED AND SPECIFY OTHER, CODE 41	CC 26	27 28 CODE YEAR OBTAINED AND SPECIFY OTHER, CODE 41	CC 29
EXAMPLE: Mary Jones	24	2	1	04 Internship	02 1917	1	21 1965	2
01								
02								
03								
04								
05								
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18								
19								
20								

Page \_\_\_\_ of \_\_\_\_ Pages (Please use additional forms if necessary)

DISPOSITION OF COMPLETED FORMS: See last line of instructions



DEPARTMENT OF  
HEALTH, EDUCATION, AND WELFARE  
Public Health Service  
Division of Nursing  
INFORMATION ON NURSES EMPLOYED IN PUBLIC HEALTH  
As of January 1, 1968

INSTRUCTIONS

Each form is arranged in quadruplicate, i.e., an original with three duplicates which require no carbon paper.

Each agency which administers a public health nursing service or research program should complete a quadruplicate form. Agencies having more than 20 nurses should use as many forms as are needed to list all nurses employed.

Data are to be entered as of January 1, 1968.

SECTION I. IDENTIFYING INFORMATION

On the first line, enter the name and official title of the person responsible for preparing the form for the agency.

A. AGENCY NAME:

Official name of the agency administering the nursing service.

Address of main office: give street address

City and County: location of main office

If agency covers counties or areas other than those identified in its name and address, list.

State, Zip Code, Date prepared: self-explanatory

PHS Region: will be filled in by Office of the State Director

B. TYPE OF AGENCY:

Using the following definitions, circle the code number which identifies the type of agency providing service.

STATE

01. (State) Health Department: A health agency supported by tax funds and administered by a unit of State government.

NOTE: When the State Health Department or other State agency assigns nurses to work in a county or area which has no organized local agency, the State should complete two separate forms, one listing the nurses working at headquarters with code 01 circled for type of agency if a State Health Department; on the second form, list those assigned to the local areas, circle code 12 for type of agency and enter "local areas" in the space provided for "specify".

If the State nurses are assigned to a local agency in an area, the local agency enters these names.

02. Other official (State): An official agency other than the State Health Department, supported by tax funds and administered by a unit of State government, e.g., State Welfare Dept., State Mental Health Commission, etc. Specify the type of agency. See NOTE under 01 (State Health Department) for listing State-employed nurses assigned to local areas or agencies.

03. Nonofficial (State): Voluntary agency such as the State Tuberculosis Association, Junior League, Red Cross, etc.

LOCAL: A multi-county district or unit serving more than one health jurisdiction is considered to be one agency. Enter agency name and list health jurisdictions covered in the appropriate space.

11. (Local) Health Department: A health agency supported primarily by tax funds, administered by a county, city or other local unit of government, and having as major responsibilities prevention and control of disease, and community education. It may or may not offer nursing care of the sick at home.

12. Other (local) official: An organization, excluding health departments and boards of education, set up to carry on community health activities in which administrative authority stems from a body elected by the voters and for which support comes primarily from tax sources. Specify the type of agency.

NOTE 1: As indicated in the "NOTE" under State Health Department the State agency which assigns nurses to local areas without an organized local agency will fill out a separate form listing these State nurses and circling code (12).

NOTE 2: Other official agencies also include the public health nursing service supplied by one or more nurses employed by a Board of Supervisors or a City Council (not a Board of Education).

13. Visiting nurse service: A voluntary (nonofficial) agency administered by a citizen's group, and usually financed by earnings and contributions, community chest, and united funds, which has as one of its primary functions the care of the sick at home.

14. Other (local) nonofficial: A voluntary agency other than Visiting Nurse Association, e.g., a local tuberculosis association, junior league, religious group, etc. Specify the type of agency.

15. Combination service: Program administered jointly by a voluntary and official agency, supported by tax funds, community chest and united funds, earnings and contributions, in which preventive and therapeutic services are rendered by a single staff of nurses. Include in this group integrated or amalgamated agencies.

16. Other home care program: Program administered by agency other than an official agency, visiting nurse association, or combination service, in which nurses are employed to provide nursing care to patients in the home. Include only organized home care programs, such as group practice, hospital-based, industrial and other home care programs. Specify the type of program.

17. Board of education A board of education or school system, school district, public school or parochial school which employs its own nurses.

C. DOES AGENCY OFFER A NURSING CARE OF THE SICK AT HOME PROGRAM?

Circle code 1 if "Yes", code 2 if "No".

Every agency which offers an organized program of nursing care of the sick at home should complete the appropriate form entitled "Availability of Programs of Nursing Care of the Sick at Home" and attach it to the Census form(s) for the agency.

SECTION II. PERSONNEL DATA

The agency administering the nursing service will list each nurse only once regardless of whether she receives salary from multiple sources and/or serves other agencies.

Local agencies to which federal or State nurses are assigned will list these nurses regardless of the sources of their salaries.

State nurses assigned to local areas without an organized agency will be listed by the State on a separate form as indicated in Section I-B above.

Agencies which purchase nursing service from another agency:

Do not list nurses rendering such service.

Agencies which supply nursing service to another agency:

List nurses rendering the service.

Agencies employing nurses for special projects in public health:

List the nurses assigned to the projects.

Do not list:

Nurses on educational leave on January 1, 1968.

Students receiving their field experience with the agency.

Enter an appropriate code in each column for each professional and licensed practical nurse listed. If information is not known, place a dash in the column to show that the item has not been overlooked. Enter dashes also for those items which do not require specification. Use as many additional forms as are necessary to list all nurses in the agency.

A. BIOGRAPHICAL DATA:

Identification: List name of each nurse or the number assigned by the agency. The Division of Nursing, Public Health Service, will not publish the name or assigned number of any individual.

Year of birth: Enter the last two digits of the year of birth.

Marital status: Enter the code number shown on the form for the appropriate marital status of the individual.

B. POSITIONS:

Employment status: Enter code 1 in this column if the employee works full time, i.e., is a regular employee working 35 hours or more, or whatever is accepted by the agency as a work week. Enter code 2 in this column if the individual works less than the number of hours the agency accepts as a work week.

NOTE: Duplicate counts should be avoided as much as possible. However, if a nurse works part time for one agency, and part time for an agency under different administrative direction, she will be listed by both agencies as a part-time employee.

Title or function: Enter the appropriate code for the level or area to which the nurse devotes more than 50 percent of her time. If titles or positions in the agency do not conform to those in the column heading, enter the proper code for each nurse performing the function, regardless of title.

It is recognized that few positions can be classified as 100 percent administration, consultation, supervision, etc. Where there is a question as to how a nurse should be classified, the judgment of the Director of Nursing will be accepted.

NOTE that codes 04, 06, and 41 require specification; for all other codes in this column enter a dash in the column headed "Specify for".

- 01. Director or educational director self-explanatory
- 02. Assistant director: self-explanatory
- 03. Generalized consultant: self-explanatory
  
- 04. If nurse is a specialized consultant enter 04 in the appropriate column and note beside it the specialty (MCH, Cardiac, etc.) If more than one specialty, enter the primary area of responsibility. Do not count hospital or nursing home inspectors who check institutions for licensure unless they provide nursing consultation.
  
- 05. Supervisor: Include in this code assistant supervisors or senior public health nurses who are performing supervisory functions more than 50 percent of the time.
  
- 06. Specify type of coordinator, or coordinating function.
  
- 11. County, city or town nurse: This nurse may work alone or with others. Includes those employed by a Board of Supervisors or a City Council (not a Board of Education).
  
- 12. Staff nurse: Include public health nurses working at staff level, RNs supplementing the work of the public health nurse, etc. Do not include in this item the staff nurses who spend most of their time in schools or clinics, or licensed practical nurses.
  
- 13. School nurse: Include only professional nurses.
- 14. Clinic nurse: Include only professional nurses.
  
- 21. Licensed practical nurse: Include all licensed practical nurses and licensed vocational nurses employed by the agency regardless of their duties.
  
- 41. Other position: Specify type of position. If a project nurse, identify project or program area.

### C. EDUCATIONAL PREPARATION:

Note that the "Basic Nursing Program Completed" and the "Highest Degree or Credential" columns have been reversed from the 1966 form; the items within the columns also have been reversed, and the code numbers changed for easy identification.

Basic nursing program completed: Enter code for type of initial or basic program in which nursing preparation was first completed and specify year obtained.

- 01. Practical nursing: self-explanatory
- 02. Nursing diploma: self-explanatory
- 03. Associate degree: nursing program only
  
- 11. Baccalaureate approved for public health: Basic collegiate program approved by the National League for Nursing for preparation of nurses for beginning positions in public health. This approval was begun in 1952.
- 12. Baccalaureate not approved for public health: Program not approved by the NLN.
- 13. Baccalaureate-other: Baccalaureate nursing program completed before NLN began accreditation.
- 21. Basic Master's: Basic nursing program leading to an MS degree.
- 41. Other: Specify, e.g., graduation in a foreign country whose certification is different from U.S. terminology.

Public health nursing preparation: Public health nursing preparation is counted only if it was obtained in, or accepted by, a program approved by the National League for Nursing for the preparation of students for beginning PHN positions.

- 1. Complete: Nurse has a public health certificate, or has completed a baccalaureate program approved for public health nursing, or has at any time completed the required hours of credit in, or accepted by a program approved by the NLN.
- 2. Incomplete: Nurse has some but less than the required number of college credits in a program approved for public health nursing.
- 3. None: Nurse has no preparation in a program approved for public health nursing.

Highest degree or credential: Code the highest level of preparation, whether it was attained before or after the basic nursing program. Specify year obtained. If the nurse has not completed preparation in addition to her basic nursing this column will have the same codes as the basic nursing program column.

- 01. Practical (or vocational) nurse certificate: self-explanatory
- 02. Nursing diploma: self-explanatory
- 03. Associate degree: self-explanatory

11. Baccalaureate-nursing: Applies to a degree specified as in nursing or any degree with a nursing major.
12. Baccalaureate-nonnursing: A baccalaureate in any field other than nursing.
21. Master's-nursing. Applies to a master's degree in public health as well as a master's with a major in nursing, e.g., MA, MS, MPH.
22. Master's-nonnursing: A master's in any field other than nursing.
31. Doctorate-nursing: See Master's-nursing
32. Doctorate-nonnursing: See Master's-nonnursing
41. Other: Specify other degree or credential if it is the highest level attained.

Credit earned beyond highest credential:

1. Yes: Nurse has earned credit toward a degree or credential higher than that coded in previous column.
2. No: No additional credit has been earned.

Page \_\_\_\_ of \_\_\_\_ pages.

If all nurses in an agency have been reported on one form, enter at the foot of the form: Page 1 of 1 (pages).

If additional forms are needed to list the nurses, enter page number in consecutive order in the first blank and the total pages in the second blank, e.g., page 2 of 6 pages, page 3 of 6 pages, etc.

If more than one form is used, only the name and address of the agency are needed to identify the second and subsequent forms.

Disposition of completed forms:

- 1). Agency sends the original and 2 carbons of the form(s) to the State Director of Nursing and retains the other carbon.
- 2). State Director checks the information, enters PHS Region, and forwards only the originals to the Division of Nursing, PHS, one carbon to the Regional Nursing Director, and retains the other carbon.

